VOLUME 39
NUMBER 6

JUNE
1943

THE CANADIAN NURSE

Battles with Bicycles

See Page 411

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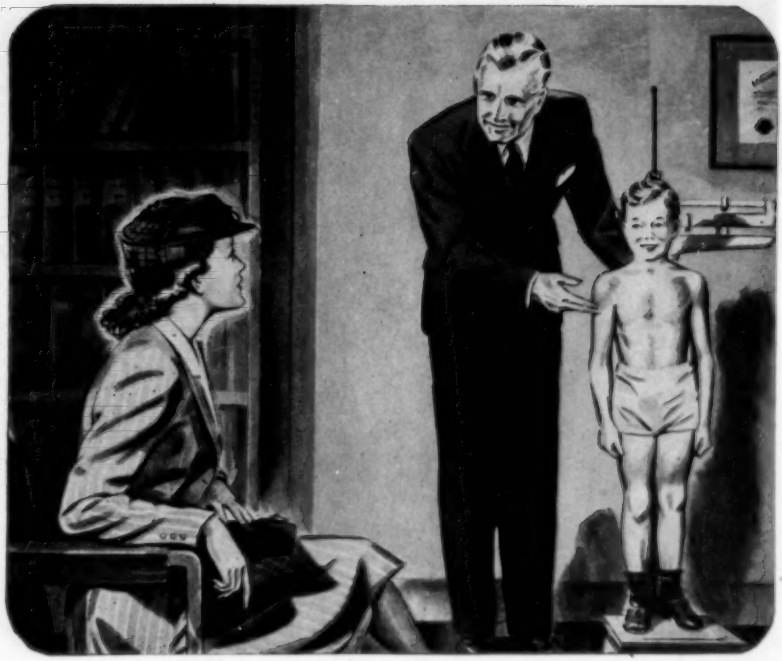

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(1) 1939, Food and Life; Yearbook of Agriculture U. S. Dept. Agriculture, U. S. Gov't. Printing Office, Washington, D. C.
1938, J. Am. Med. Assn. 110, 650
1940, J. Am. Dietet. Assn. 16, 891

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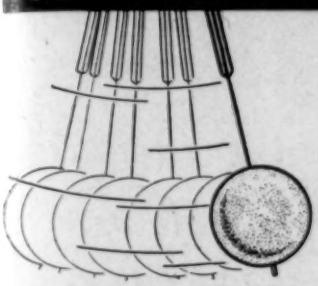

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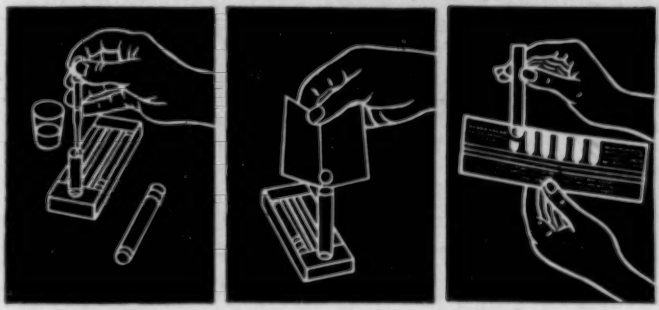

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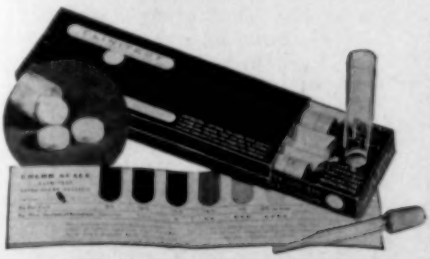

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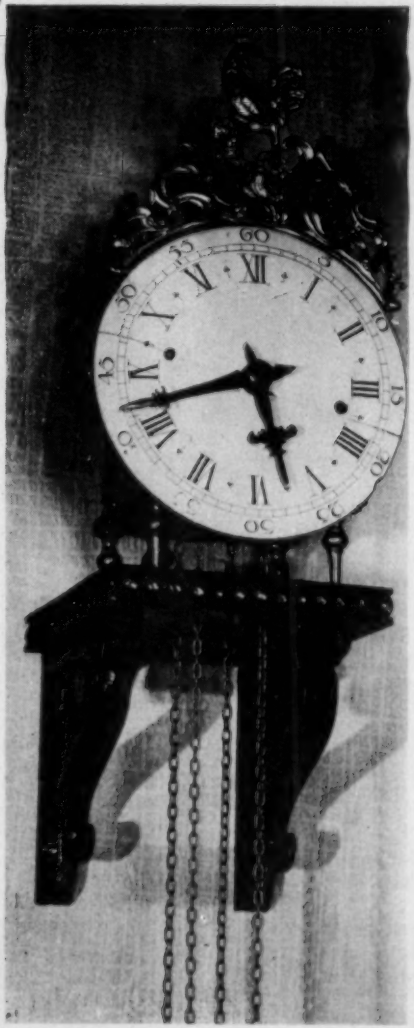

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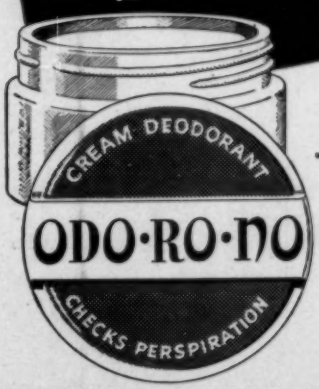

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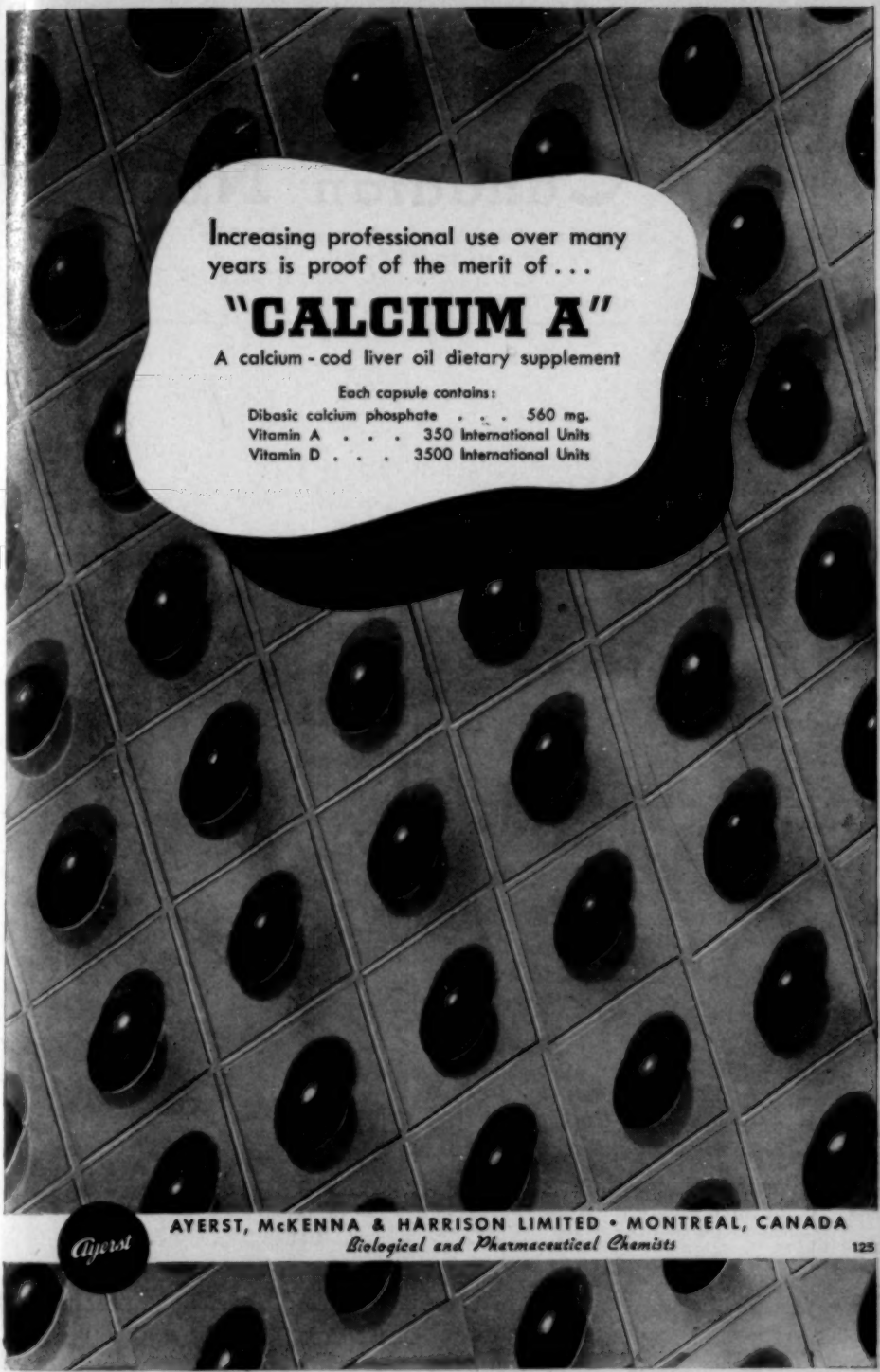
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The Canadian Nurse

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Reader's Guide

Just as we go to press, comes the glad news that the Federal Government has made a grant of $40,000 to be used as **Bursaries** for young nurses who wish to take post-graduate courses in public health and teaching in schools of nursing in Canadian universities. If this grand opportunity appeals to you turn to *Notes from the National Office* in this issue of the *Journal* and find out how to profit by it.

A special Committee was recently appointed by the House of Commons to investigate the whole question of Social Security, including **Health Insurance.** This Committee invited various groups to appear before it as witnesses and among them were representatives of the Canadian Medical Association and the Canadian Hospital Council both of whom submitted masterly briefs. It is gratifying to know that representatives of the Canadian Nurses Association were given an opportunity of doing likewise and made an excellent job of it. Under the caption of **A Friendly Hearing** you will find a summary of this most profitable and stimulating discussion.

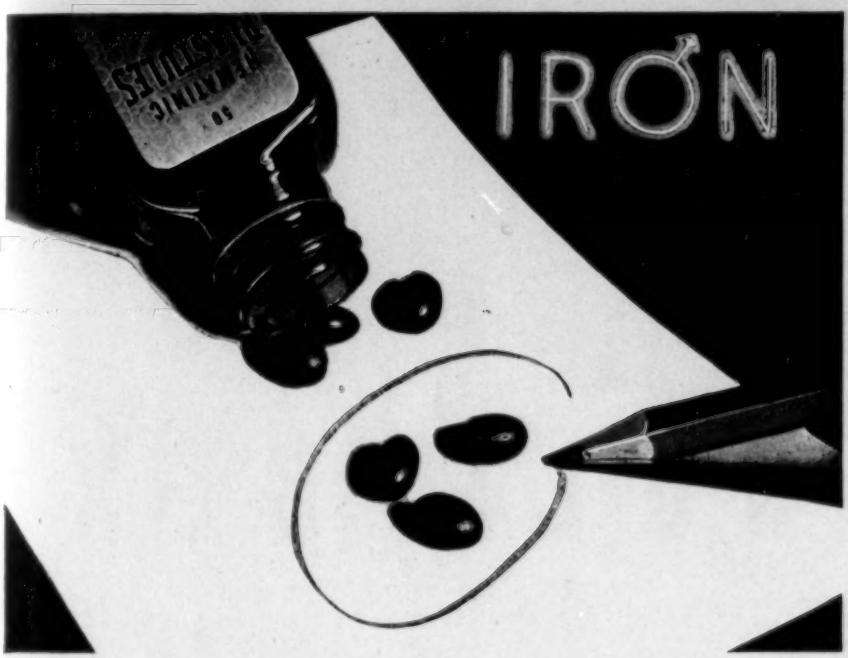
In wartime, plastic surgery takes on added importance and, even under ordinary circumstances, its use in the hands of skilled surgeons can bring about an amazing transformation. **Dr. Fulton Risdon** presents several cases which afford ample proof of the truth of this assertion. Dr. Risdon is a member of the attending staff of the Toronto Western Hospital.

The reactions of **Men under Fire** are described and analyzed with extraordinary insight by **Dr. Emilio Mira,** a well known Spanish psychiatrist. The *Journal* is deeply indebted to the Salmon Committee on Psychiatry and Mental Hygiene for permission to publish this summary of some of the lectures delivered by Dr. Mira under its auspices.

Did you know that there are more than fifty thousand nurses in Canada? Well, there are! Naturally we are all eager to know what other exciting facts were disclosed by the registration of nurses recently conducted under the auspices of Selective Service. A complete report of this monumental task will soon be available, thanks to the efficient coding methods which are being used in dealing with the mass of records that poured in from nurses in every part of the country. In the meantime, **Kathleen W. Ellis,** in her capacity as director of the survey, conducted jointly by the Canadian Nurses Association and the Canadian Hospital Council, offers an extremely interesting interim report concerning the preliminary findings based on the replies to questionnaires with which many of us have been struggling. No definite conclusions can be arrived at until all the returns are in but already there is abundant proof that certain conditions exist which ought to be set right. If you will read **An Interim Report** carefully you will get a good idea of what needs to be done.

It is indeed a privilege to present an article, written by **Rev. Fr. Emile Bouvier, S.J.** dealing with certain aspects of industrial welfare. Father Bouvier is an outstanding national authority in all questions related to the well being of the community.

Thanks to the use of light metals in bone surgery, fractures may be repaired much more quickly and easily than used to be the case. **Eileen Ferguson** describes a case in which function of the hip joint was restored by the use of vitalium. Miss Ferguson is the head nurse of a men's surgical ward in the Royal Victoria Hospital, Montreal.



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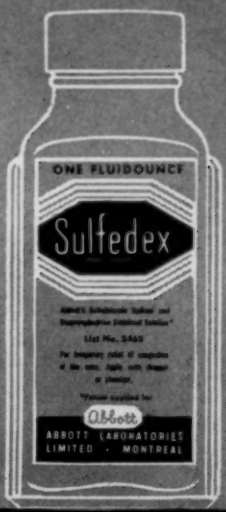

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PUBLISHED BY THE CANADIAN NURSES ASSOCIATION
OLUME THIRTY-NINE NUMBER SIX
JUNE 1943

A Friendly Hearing

On April 13, 1943, the Canadian Nurses Association was given a friendly hearing by the Special Committee on Social Security of the House of Commons. The all important topic was health insurance and its relationship to the nursing profession. The Hon. Cyrus Macmillan occupied the chair and thirty-three members of Parliament were present. The following delegates of the Canadian Nurses Association were introduced by the President, Miss M. Lindeburgh: Miss K. W. Ellis, emergency nursing adviser of the C.N.A.; Miss M. Baker, representing the private duty and general nursing field; Miss E. Moore, representing public health nursing administered by official agencies; Miss M. Roy, representing French-Canadian nurses; Miss A. Ahern, chairman of the subcommittee on health insurance and nursing service; Rev. Sister Madeleine, representing Catholic Sisters in the Canadian Nurses Association; Miss M. Hall, representing public health nursing by voluntary agencies; and Miss F. Munroe, representing nursing service in hospitals and schools of nursing. Miss Maria Roy, director of nurses, City Department of Health, Montreal, presented a brief in French, and the Rev. Mother Allaire, chairman of the Catholic Hospital Council Health Insurance Committee, also addressed the Committee.

After thanking the Committee for the privilege of being granted a hearing, Miss Lindeburgh gave a brief outline of the organization, membership and objectives, of the Canadian Nurses Association. The remainder of the Submission reads as follows:

In any modern community, nursing service is rightly regarded as an indispensable public utility. It has an essential place in health insurance. The responsibility of interpreting nursing service and of presenting recommendations for its most effective implementation in any health insurance plan is one that rests with the Canadian Nurses Association as the national organization re-

presenting registered nurses throughout Canada.

The nursing services, sponsored and supported by the Canadian Nurses Association, are included in three major fields:

Nursing in Hospitals — Nursing service in hospitals conducting schools of nursing is provided by graduates and students. Nurses aides and helpers are also employed to undertake non-nursing duties. Until recent years the nursing load was carried almost entirely by student nurses. This practice is unsound from the point of view of the student and the patient. The student's clinical programme should be carefully planned to meet her educational needs, rather than to meet the demands of hospital nursing service, and patients in many instances are too ill to be nursed by students. Hospital administrators have become aware of the need for stabilizing nursing services, and improving the quality of nursing given through the employment of graduates as general staff nurses. Over three thousand more graduate nurses are employed in general duty in hospitals throughout Canada to-day than was the case ten years ago. Besides the general nursing staff, the nursing personnel includes those with post-graduate preparation and experience who are responsible for the administration and supervision of the various nursing services. Nurses with special technical training are employed in x-ray, physiotherapy, and other hospital departments.

Private Duty Nursing — Approximately 75 per cent of nurses in Canada are engaged in private duty nursing. The value of the good private duty nurse in conditions of serious illness cannot be questioned. One of the existing weaknesses in private duty nursing service as it exists to-day is in the fact that the patient who can afford to pay the cost for private nursing care receives it, while the patient who urgently needs it may go without because of lack of the necessary financial resources.

The establishment of an eight-hour day for private duty nursing is long overdue. It has placed, however, an additional financial burden on the patient requiring continuous nursing care, while the actual income of the nurse has not been increased. The yearly average income of the private duty nurse does not provide for more than a subsistence maintenance. When a health insurance plan is established this situation should be alleviated to a great extent.

In every province placement bureaux or registries are established for the purpose of answering all calls for nurses who are accepting employment on a daily basis. These registries experience much difficulty in the adequate distribution of nurses and in securing the most suitable nurse for the particular patient. The prerogative of choice, suggested in a submission to this Committee for doctor and patient, might equally apply to the nurse-patient relationship. It is significant to note that with very few exceptions the financial upkeep of nurses registries is maintained by the nurses themselves, with no assistance from the community which they serve. Presumably the scope of these placement bureaux will be enlarged under any scheme of health insurance. Therefore it would seem that the necessary financial support should be considered for their maintenance.

Public Health Nursing — This service includes home visiting, school nursing, industrial nursing, preventive and health work in child welfare, maternity, tuberculosis, venereal diseases and other special fields in which public health nursing has become an essential part of a health programme in both rural and urban communities. Health teaching is an important function in all public health nursing work. Public health nursing is administered by official and voluntary agencies. These services as administered by provincial and municipal departments of health have proved their value. Nurses with special preparation are being needed in increasing numbers for staff and supervisory positions in public health departments across the country.

There are several well recognized voluntary nursing services organized to meet community nursing needs in all parts of Canada. The standards of qualifications of staff and systematic supervision provided reflect the calibre of these organizations.

It is particularly important that in the development of a health insurance plan which is to provide adequate medical and nursing care in conditions of illness and to promote the health of individuals and families that the above mentioned nursing services be recognized by physicians, hospital and public health authorities, as well as the general pub-

lic, in order that available services may be fully utilized.

Schools of Nursing — The source of supply from which all nursing service stems. Increased nursing demands will inevitably result from any health insurance plan. It is therefore of primary concern that schools be well maintained in the establishment of health insurance. A continuous supply of properly prepared nurses must be assured. Adequate educational and residential facilities are essential.

There are 166 approved schools of nursing in Canada conducted by general hospitals, with a total enrolment of approximately 11,000 students. About 3,000 of these graduate annually. Nine universities conduct either schools or departments of nursing. The standards for approval of schools and eligibility of nurses to register are determined by acts governing the registration of nurses within each province, although reciprocal registration privileges exist between the nine provinces.

In order to ensure an adequate supply of well-qualified graduate nurses to support a health insurance plan, it is necessary that enrolment be maintained in schools of nursing of a sufficient number of desirable students. If this enrolment is to be sustained at a satisfactory level, it is obvious that students in schools of nursing must be offered advantages equal to those recognized as essential in other forms of education and that these must be afforded under conditions that support sound principles of learning.

It is essential that properly qualified teachers and supervisors be responsible for the class room and clinical experience of student nurses. This is of vital importance from the point of view of nursing service in hospitals, because the quality of nursing care which students render to patients is in direct relation to the quality of teaching and supervision which they receive.

It must be borne in mind that clinical facilities are as necessary for nursing education as for medical education. Only through continued practice of nursing patients under adequate supervision can the student become skilled in nursing arts. A definite ratio of graduate nurses to students is essential in a good school of nursing.

Reasonable hours of duty and allowance of time for study and recreation are obviously part of any educational programme. This applies to both students and the nursing staff. Provision should be made for these.

All these factors indicate the necessity for financial assistance from governments to maintain the necessary quality and quantity of nursing essential in any health insurance scheme. The generous aid given through the Department of Pensions and National Health in 1942 to assist schools of nursing to increase student enrolment has quickly evidenced the value of financial support.

Ancillary nursing service: The care of convalescents and others who do not require highly skilled nursing care is recognized as very important in meeting the needs of the community. In order to safeguard the public, it is essential that all nursing and ancillary services be provided through organizations which are representative of registered nurses. In many provinces ancillary nursing service is already provided through placement bureaux conducted by the registered nurses association.

We come now to a closer consideration of nursing in relation to health insurance.

The Canadian Nurses Association approves the general principles of health insurance. The Canadian Nurses Association has been interested for some time in the subject of health insurance and in the initiation of a plan by which nursing services could be utilized most effectively in meeting the health needs of the people of Canada. Since 1934 a special committee of the Canadian Nurses Association has functioned for the purpose of studying schemes of health insurance in the event of the adoption of a plan on a federal or provincial basis. In 1935, at a conference between federal and provincial ministers of health on the question of health insurance, the Canadian Nurses Association presented a plan of nursing service for consideration. Again in 1938, the Committee on Health Insurance and Nursing Service of the Canadian Nurses Association prepared a brief which was submitted to the Royal Commission on Dominion-Provincial Relations, in which emphasis was placed upon the importance of making provision for adequate nursing service as an integral part of a health insurance scheme.

The Canadian Nurses Association is in-

terested and anxious to participate in any plan whereby the best which organized nursing can offer will be preserved and utilized to the greatest advantage.

The six principles of health insurance which appear in the report of the Honourable the Minister of Pensions and National Health, and recorded in the minutes of the proceedings of March 16 are worthy statements, the first of which is basic to an effective nursing service: "no scheme of health insurance can be successful without a comprehensive public health program of a preventive nature." This statement implies that effective public health education and health supervision must be made possible. Because of the shortage of nursing staff in hospitals and public health nursing organizations over a period of years, teaching as an essential aspect of nursing has been the weakest feature. Sufficient time and a well qualified staff are necessary for effective health teaching and supervision.

The nursing benefit, as included in the draft bill now under consideration, embraces essential factors relating to organization, administration and control of nurses and nursing which were outlined in greater detail in the brief submitted by C.N.A. at an earlier date. It would appear to cover the fundamental policies upon which provincial nurses associations can build their recommendations pertaining to nursing service, when the provinces implement a health insurance plan.

The recommendation made by the Canadian Hospital Council is of vital importance. In part it reads as follows: "Because of the vital importance of the health of our people to the national welfare, it is most desirable that the direction of the plan be kept strictly non-political".

Nursing an essential service in a health insurance plan: Health insurance for the people of Canada means in the first instance a greater recognition and appreciation of the benefits of medical care in the therapeutic, preventive and health measures. The expansion of medical services is inherent in the scheme. This fact will necessitate the extension of nursing services in all fields in the development of the plan in which the co-ordination of medicine and nursing is essential to the welfare of the individual whether in the home or the hospital. These services are complementary to each other.

Nursing under health insurance: Standards of nursing and problems of nursing service are best understood by the nursing body, therefore in the interests of the people to be served it is recommended that, when the health insurance plan is organized, federally and provincially, responsible registered nurses be appointed to all boards and committees whose functions include the direction or supervision of nursing services and that these appointments be approved by organizations representative of registered nurses. There must also be control of standards of qualifications and nursing service. The advance in medical sciences and the trend toward specialization in medical practice have affected the objectives and practice of nursing. Nurses must be prepared to function in special fields and in various executive capacities. It is becoming increasingly recognized that certain positions should be filled only by nurses with special preparation and experience.

Departments of nursing in universities offer courses which qualify graduate nurses for teaching, supervisory and administrative positions. To assure effective administration and supervision of nursing in a health insurance plan it is of vital importance that the selection of qualified personnel be in relation to the responsibilities of the positions to be filled.

Distribution and stabilization of nursing services: The importance of a satisfactory nursing service in rural areas needs to be emphasized. More recognition and assistance should be given to nurses working under many handicaps in outlying parts of the country. If conditions of living could be made more attractive, and service more remunerative, the nursing needs of rural communities could be met more adequately.

Small hospitals in rural areas have difficulty in securing and retaining satisfactory nursing personnel. Salaries are usually low, and this coupled with limited social and educational advantages tends towards too frequent change in nursing personnel. The rural population of Canada is deserving of better medical and nursing services than have been supplied heretofore and provision for the necessary facilities for adequate health services is an important consideration in the health service plan.

The greatest handicap in attempting to

stabilize nursing services in all fields, in hospital and community, arises from too long hours, inadequate remuneration and insufficient time to allow for satisfactory accomplishment of nursing care. Routine hospital duties are in too many instances assigned to nurses, both graduates and students, which could and should be delegated to ward aides and helpers. It is apparent that the nurse's time should be conserved for the care of the patients, and non-nursing duties assigned to a lesser skilled and lower salaried worker. All these factors predispose to discontent, discouragement and instability of the nursing personnel.

With the increase of hospitalization which inevitably will accompany health insurance, provision should be made for adequate nursing staff and more satisfactory working conditions.

While the inclusion of the nursing benefit in the draft bill is evidence of the recognition of nursing as an entity in the plan of health insurance, it must function as an integral part in the whole scheme. A mutual understanding of the objectives and activities of all groups involved is necessary for the most effective co-operation in a co-ordinated health insurance plan. The Canadian Nurses Association wishes to assure the Special Committee on Social Security that its members very earnestly desire to share in the development of a plan which will safeguard and promote the health of the people of Canada.

Might I add that this submission has been prepared upon very short notice, not allowing sufficient time for it to be reviewed by all members of the executive committee of the Canadian Nurses Association, and by the provincial associations of registered nurses. Therefore it is hoped that, if the need arises, opportunity will be given for further discussion with this Committee.

A very lively discussion followed the reading of the Submission. One member of Parliament asked for detailed information concerning the purposes for which the Federal grant of $115,000 had been expanded and others displayed a keen interest in the desirability of adopting the eight-hour day. The proper ratio of students to graduate nurses in hospital service was another pertinent question and an opportunity also arose of indicating the type of hospital which is capable of conducting a good school of nursing. Several members spoke with sympathy and understanding of the difficulties with which nurses in remote rural areas are confronted. No matter what question was raised, one or more of the delegates of the Canadian Nurses Association was ready with an apt answer.

Never before have the nurses of Canada had such a fine opportunity of pleading their cause in the presence of so distinguished an audience. Our President and her associates rose to the occasion magnificently and we are indeed proud of them.

Men under Fire

Trained psychiatric observation and periodic tests for military commanders and chiefs of staff to prevent in judgment which might prove costly to the nation was advised by Dr. Emilio Mira, chief psychiatrist for the Republican Army in the Spanish Civil War, speaking before physicians in the New York Academy of Medicine in the second of three Salmon Lectures. The overworked or exhausted leader may lose a battle because he is too proud to admit that he is worn out and to ask for a rest. The trained psychiatrist, if he is in close touch with the leader, can detect signs of mental strain and failing energies before it is too late. But the psychiatrist cannot and must not wait until the strain

is overpowering. It is much more important, Dr. Mira pointed out, to get a rest for an exhausted chief of staff than it is to select accurately 100 soldiers. The Spanish War is rich in experiences which show how necessary it is. When a leader becomes depressed or jittery from days of sleeplessness and strain he could be transferred from the scene of action and given a rest or change of scene. If it is necessary to remove the commander from the scene of action, his removal may be justified on technical grounds, to preserve the morale of his troops.

Dr. Mira described the three most observable types of psychopathic or abnormal behaviour found among members of the armed forces in wartime. They are: explosive or aggressive behaviour, drunkenness, and extreme resentment. Of the last type there is no greater mental hazard than smouldering resentment. It appears often among soldiers for fancied inequalities, or because they feel they are mistrusted or feel that they are superior in intelligence to their officers. This resentment is felt today by many enemy aliens, in democratic countries who long to fight against the Axis but realize that they are mistrusted and watched with suspicion.

Drunkenness usually appears in wartime, Dr. Mira said, in those soldiers and officers who feel that they must drink to sustain their courage. Prohibition by the Army is not much use, because they may find an "ersatz" drink which is even worse than alcohol. One method of solving the drinking problem is by placing identification tags on men who have been found drinking, so that they may be observed closely by their superiors, in an attempt to discover the cause. The tendency of alcoholics to congregate among themselves is overcome by assigning an alcoholic, as if by chance, to a more stable, non-drinking partner.

The explosive or aggressive type of behaviour is common among the introverted members of the military forces, who for a long time inhibit their feelings, then suddenly, on slight provocation, explode into some act of motor or verbal violence which is a flat infraction of military rules and carries the death penalty. This action is usually followed by a brief period of amnesia, so that the victim is unable to remember what he has done. Dr. Mira suggested that in such a case it is wise for the commander to render the man "temporarily invisible".

Despite these abnormalities of behaviour in wartime, the discipline of military life and of war is more likely to help than harm individuals of abnormal personality characteristics. Some mild schizophrenics react splendidly under the stress of bombing and battle, because war supplies the stimuli to make them forget their inner conflicts and makes them behave like normal people. Whereas, on the other hand, normal people are apt to plunge into deep depression and become helpless under the same circumstances. Hence, the contrast between the two groups is considerably lessened in wartime.

In an outline of the psychological tests used by the German Army in selecting officers Dr. Mira described the "Fuehrer Probe", or leader test, in which an officer candidate is required to issue commands and provide leadership to a group of men whom he has never seen before. He must also demonstrate his behaviour before his friends. Since Germany believes that selection of leaders is vastly more important than selection of men, tests for officer cadidates are very comprehensive, lasting two full days and covering all aspects of the candidate's physical, mental and emotional experience. The psychological examination is not finished when the test is over but continues through the life of the officer, with all his actions continually being

compared with the results of the first test.

Martial quality and personal heroism are more important in a soldier than martial technique. The kernel of the military vocation is self-denial and what the Germans describe as "meekness". This meekness, they believe, can transform men into heroes. It is the task of the psychological examiner to discover if these essential characteristics are present in the candidate. In carrying out tests for officer material, German psychologists are admonished (1) that they must not try to get the whole picture of the man at once — all the aptitudes of a good soldier cannot be discerned immediately; (2) no model of a great soldier should be set up as an ideal — there are many different types of men who would make excellent soldiers; (3) normal situations should be provided in the testing so that reactions may be spontaneous and natural; (4) all aspects of the behaviour should be observed; (5) predispositions and racial trends should be considered.

The tests which are given potential officers include: personality test from interview and observation; test of motor control in jumping, racing, marching; technical and practical test; written "intelligence" test, and time of reaction to assigned physical tests. In the personality interview, candidates are questioned about their past life, including education and friendships. Their facial and verbal expressions are considered, and their handwriting is analyzed.

Aptitude for specific military tasks of soldiers is also tested. Marching is a good indicator of psychological problems. The tediousness and monotony of marching when it is for no purpose other than officer's orders brings out hidden maladjustments readily. Tests for tank drivers and air pilots are designed to discover motor co-ordination, rapidity of movement, courage, attention, and type of personality. Results show that most renowned fliers have been men of restraint, refinement, high sensitivity, objectivity, accuracy of judgment and good equilibrium. The final test for all military men — officers and soldiers — is that of compensation, or the weighing of favourable qualities against weaknesses, to discover which predominate.

Harshness and the growing cruelty of the German military machine toward civilian populations is clear-cut evidence of growing weakness. This form of revenge against civilians was only one of three types of pathological anger seen in wartime when a military machine is thwarted. This is displaced anger. When an army finds that it cannot beat its major opponent it frequently chooses a lesser one and inflicts drastic penalties on the weaker. Another manifestation of a frustrated or inactive army is "critical anger" in which there is an irritable call for immediate action, for blitzkrieg tactics (by the other fellow), clamouring that things are moving too slowly. Such frustrated militarists, Dr. Mira said, rush to their superiors every day making suggestions, mostly foolhardy, but at the same time disregarding their own job so completely that they are useless.

The third symptom of pathological anger was encountered frequently during the Spanish Civil War and may be called "retaliatory anger". Here, the military seek personal revenge in the exact measure in which they consider themselves to have been offended or injured. There can be anger without fighting, and there can be good combat work without either anger or eagerness. When anger is combined with combativeness, the end result is frequently a ferocity closely akin to terror, without skill and without efficiency. Modern warfare is best fought by men who fight with minds unclouded by ferocity. On the same basis results showed that the administration of alcohol during combat lessened efficiency. On the other hand

benzedrine during prolonged battle is a desirable method of combating fatigue.

After a study of fear states arising during battle conditions in Spain, Dr. Mira said he found these arose usually from well-defined causes, the principal of which were lack of leadership, over-exertion brought on by lack of sleep or food, overwhelming darkness and noise, encirclement, lack of definite plan of action, and the strangeness of the situation in which the individual soldier finds himself. Illustrating how lack of leadership contributes to panic, Dr. Mira cited the battle of Aragon in 1938 during which the Republican front line collapsed after the death of several officers. Someone shouted "everyone for himself", and soldiers who had been battling valiantly fled in panic. Behind the lines they were met by a group of officers who quickly reorganized them and led them back, stablizing the lines.

Knowledge that encirclement brings terror, was used frequently in the Spanish war, and one trick of the Rebels was to send a few troops to various points surrounding the Loyalists, and suddenly flags would be hoisted in a complete circle. Although the Loyalists were not actually surrounded, sometimes the trick would work and panic would ensue. Fear of new methods and new weapons also causes terror and once the Rebels used this knowledge to cross the Elbro River. Just before crossing, they sent a smoke screen across the river, consisting of vari-hued smoke screens. The Loyalists, without gas masks, thought they were being attacked by new gases, and fled.

The onset of fear is gradual and can be charted as it progresses from one stage to another. First, comes the state of prudence, when the individual becomes quiet and unpretentious. Clever people at this point, seeing war impeding try to get "safe" jobs for themselves, giving as their reason the fact they can be more "useful" in noncombatant jobs than in actual battle. Following this comes a state of caution, during which the individual tends to become more meticulous, more accurate and slower in everything he does. There is a tendency toward repetition and self-restraint. Doubts are beginning to appear, and he is enveloped in a cloud of pessimism. Externally he appears reserved and in full possession of himself. Then comes the state of warning, with nervous gestures, followed by overt expressions of alarm and agitation. Movements are jerky and there is a tremor of the extremities. The current of thought is slowed, and there are feelings of insufficiency and helplessness.

Up to this point the fear-ridden person appears to be fairly well controlled. Upon going into the next stage of fear, that of "eager anguish and anxiety", there begins to be a disintegration of the personality, palpitation of the heart, muscular spasms, shortness of breath, stereotyped gestures and loss of control. At this point, fear becomes so strong that real fright or panic ensues and behaviour becomes automatic — "reason totters on the throne" and is supplanted by purely involuntary behaviour. The last stage of terror sees the victim motionless as a statue, exhausted and as limp as a broken doll. He is figuratively, and sometimes literally, dead with fear.

In conclusion Dr. Mira said that fear was caused by the want of suitable reactions: "the best antidote for fear is to have something purposeful to do. Men are not afraid of real dangers, but they suffer from the neurosis of expectation, unknown situations for which they are unable to formulate means and methods to combat these hidden dangers. Belief in one's objective, the ideals of one's country, is the great antidote of fear. It is significant that the Spanish word "creo" is also the same verb "creo" — I create. Faith and creativeness are synonymous".

Plastic Surgery

FULTON RISDON, M.B., F.R.C.S. (C)

The term plastic surgery as defined by the American Board of Plastic Surgery designates "the shifting or readjustment of tissue done for the improvement of appearance, comfort or function". In its present acceptance, it is commonly limited to restorations or adjustments of any of the tissues of the mouth and the face and its appendages excepting the teeth, also the female breast, and the skin and subcutaneous tissues of the entire body. Proficiency in this branch demands the same familiarity with anatomy and physiology and the application of surgical principles as is essential in any type of surgery, with, in addition, a refinement of technique, a sense of geometric proportions, and an artistry not commonly called for in the execution of most therapeutic procedures. Certain of the psychoses due to consciousness of deformity or the presence of an objectionable feature can often be quickly and permanently relieved by a proper surgical correction. One is reminded of the old story about Dieffenbach, one of the early masters of rhinoplasty. A man came to him requesting correction of a nasal deformity because people referred to him as "the man *without* the nose". After Dieffenbach had brought down a flap of skin from the forehead, making a total nose, the patient came back and requested that the new nose be cut off, because he was now referred to as "the man *with* the nose".

Plastic surgery dates back to the time of earliest antiquity. History reveals the priest-surgeons of India, as early as 800 B. C., treating patients who had been punished by the cutting off of the nose. In the closing years of the sixteenth century, Tagliocozzi, the distinguished Viennese surgeon, revived the treatment of rhinoplasty and is pictured with an elaborate but effective device for holding the arm in contact with the nose during the healing process. Because of opposition to his work as contravening the will of Providence, Tagliocozzi's body was exhumed and thrown out of the cemetery, but later as an act of reparation a beautiful statue of him standing with a new made nose in his hand, was erected to his memory.

A variety of nasal deformities present to the plastic surgeon for treatment. One is the so-called saddle-back deformity, which means the loss of support to the nose, leaving it flat and wide. This can be restored by means of a free graft of cartilage taken from the patient's rib, or by means of a bone graft taken from the crest of the ilium. Second, the nose which is too long and which has a distinct hump, either due to accident or heredity, can be lowered and shortened to give the desired aesthetic result. Third, the total loss of the soft tissue of the nose. In that case, in a series of operations, a flap of tissue is brought down from the forehead, being left attached at one end until circulation has been established, and then the excess tissue returned to its base. In cases of partial loss, perhaps of the nostril or tip, a free graft of skin is placed in position. One is reminded of the patient whose ardent lover bit off the end of her nose. A common injury is fracture of the nasal bones. This is treated as any ordinary fracture, namely the nasal bones must be reduced to their normal position and held by a special splint.

There is a condition which merits the attention of the plastic surgeon and

FIG. 1 (A) FIG. 1 (B)

FIG. 2 (A) FIG. 2 (B)

Figure 1 (a) shows underdevelopment of the chin and Figure 1 (b) shows the advancement of the chin by skin graft and denture. Figure 2 (a) shows saddle-back deformity of the nose and Figure 2 (b) shows correction by means of a cartilage transplant.

that is the harelip and cleft palate child. The lip can be corrected by operation at about the end of the third month, and the palate is undertaken when the child has reached the twenty-fourth month. Frequently we see cases that have been operated on in childhood, but the lip is tight and the upper jaw under-developed and the nose in an incorrect position. A great deal can be done to help these unfortunate patients by correcting the nasal deformity, lengthening the upper lip and correcting the vermilion border and, when necessary, advancing the entire central part of the upper jaw by skin graft and specially constructed denture.

Patients frequently request the correction of birthmarks; perhaps one-half of the face may be involved and, after excision, a skin graft is placed in the denuded area. While the colour may not be exact, it is much to be preferred than the original birthmark. Further, in the case of severe burns, it is possible to restore tissue in the form of a free graft. The same treatment applies when it is necessary to remove parts of the face because of malignant growths. Function can usually be restored to fingers, arms and legs that have been badly burned, by excision of the scar tissue and application of free full-thickness grafts.

An unfortunate condition, which does not commonly present, is the total loss of the scalp, including the eyebrows, and perhaps part of the ear. In such cases, large flaps of skin are taken from the back and placed over the entire skull and held in position under pressure until they have taken. At a later date, the eyebrows are reconstructed by transferring free grafts of hair-bearing skin. The patient of course is under the necessity of wearing a wig, or so-called "transformation."

Deformities of the upper and lower eyelids are largely either ectropion or entropion due to burns, etc. These disabilities are overcome by skin grafts held against the underlying muscle by pressure. It is frequently necessary to treat eye-sockets where the eye has been enucleated and considerable of the orbital conjunctiva has been lost. In these cases both the upper and lower fornices and the eye-socket are reconstructed by excising the scar tissue and enlarging the socket inwards, outwards, upwards and downwards, and placing in position a

FIG. 3 (A) FIG. 3 (B) FIG. 4 (A) FIG. 4 (B)

Figure 3 (a) shows a nasal deformity and Figure 3 (b) its correction by removal of the hump and shortening of the nose. Figure 4 (a) shows prominent ears and Figure 4 (b) shows correction.

skin graft over a mould of dental compound. Later an artificial eye can be worn satisfactorily.

Ptosis of the eyelids (inability to raise the lid) is treated by a free graft of fascia lata taken from the hip and attached in such a way that the patient This same material may be used to elevate the corner of the mouth where, due to facial paralysis, the patient has lost the use of the seventh nerve which supplies movement to the face on that side.

Where an ear has been lost due to accident, generally speaking, neck tissue may be made into a tube pedicle flap and, at a second-stage operation, transplanted in the form of a cylinder of tissue to the pinna of the ear, or it may be more or less made on the chest with a long pedicle extending from the region of the clavicle. There is a congenital deformity which sometimes causes great embarrassment, more particularly to boys and men, and that is prominent ears. These may be brought closer to the head by the removal of excess cartilage.

Ankylosis of the tempero-mandibular joint is a condition where due to injury, or it may be hereditary, the mandible is firmly attached to the maxilla in the region of the joint, and the patient is unable to separate the jaws. Due to lack of movement, there is an under-development of the mandible, and the chin is in a retrograde position. Movement can be restored to the joint by operation, and later the chin can be advanced by means of cartilage or bone graft, and intra-oral skin graft. The opposite to this condition is a hypertrophy of the mandible, when the lower jaw projects for perhaps an inch or more in advance of the upper jaw. This is corrected by a double resection of the mandible, removing a block of bone on either side, and deliberately setting the jaw back, wiring it to the posterior fragment, and treating the case as though it were a bone-graft.

In cases where there has been extensive loss of the mandible it is necessary to supply bone in the form of a graft taken from the crest of the ilium. The graft is inserted through the neck and wired to the freshened anterior and posterior fragments of the jaw. Then an interdental splint is maintained, locking the lower teeth to the upper teeth for perhaps three months, or until union is demonstrable.

An Interim Report

Before the June issue of the *Journal* has appeared the interim report on the Survey of Nursing, undertaken by the Canadian Nurses Association as one of the groups participating in the National Health Survey, will have reached the provinces. It was presented as an interim report at the meeting of the Canadian Medical Procurement and Assignment Board held in Ottawa on April 30. The president of the Canadian Nurses Association and the director of the survey attended this meeting.

Even though the time limit originally set was extended somewhat, the report was of necessity an interim one. On the whole, the response to the questionnaires and enquiries sent out has been very encouraging, one hundred per cent in some instances. The preparation of the questionnaires alone was a time-consuming process and those who are struggling these days with the problems of printing, priorities, secretarial help (or lack of it), will realize other difficulties. It is also true that a really intensive study of the "yards" of material assembled in the National Office will take much more time than was available for the preparation of the initial report.

The director of the survey is greatly indebted to the chairman and members of the advisory committee, also to a number of busy people who served on the work committee and to provincial secretaries and representatives who gave so willingly of their time and advice. Their assistance and encouragement were of the greatest value, for surveys have their dark moments—not only for those who are called upon to fill in questionnaires. Office space and co-operation were afforded at the National Office. Miss Maisie Miller delayed her personal plans to help with the survey. Without all this, we know that the report would have matured much more slowly and less effectively.

The Canadian Nurses Association was not the only group participating in the Survey that presented an interim report on April 30, nor was the report itself less comprehensive than a number of others. As stated in the report, it was regretted that the very close co-operation between all groups concerned with the National Health Survey that was envisaged at first was not possible. It was the feeling of some of the representatives that a joint effort under more centralized guidance might have been more significant. However, the majority of representatives who attended the meeting on January 20 favoured an independent undertaking; the time element was also a deciding factor. Proof of the value of co-ordinated study was evidenced in the response received to the questionnaires sent out by special arrangement between the Canadian Hospital Council and the Canadian Nurses Association, and the information which was readily afforded by other groups participating in the Survey. It is hoped that some joint study of available material may be possible. That nursing is essential to many health services was evidenced by the number of questionnaires and enquiries sent out—nineteen in all.

The report on nursing cannot be in any way complete until the results of the registration carried out by National Selective Service can be correlated with those of the Survey. The detailed breakdown of the registration decided upon at a late date has occasioned delay in the completion of the report on the registration, but it is hoped that the information will be available early in June. The total number of registered nurses reported from the nine provinces was 26,268 on December 31, 1942.

Approximately 950 of these nurses are practising out of the province in which they are registered and 625 are in the United States.

Even the interim report reveals some other very interesting facts. We are going to find that, so far as actual numbers are concerned, comparative statements of personnel employed in hospitals and public health organizations across Canada in 1939 and 1943 show that in the latter year there is a marked increase in almost all personnel, especially nursing. This statement is not true of personnel in mental hospitals or sanatoria. In both these institutions there has been a decrease, especially in the number of nurses employed.

However, from the preliminary report submitted by the Canadian Hospital Council, it is apparent that in civilian hospitals (excluding mental hospitals, tuberculosis and Dominion hospitals) there has been a 10.9 per cent actual bed increase in Canada as a whole and the average increase in census in Canada for 1943 over 1939 is stated to be 21.6 per cent. Nor do figures tell the whole story. In many instances experienced personnel has been replaced by less skilled workers, hours of duty are shorter—not always for nurses—and frequent changes create special problems for administrators. No one can doubt that, in spite of increase in numbers, hospitals and public health organizations are inadequately staffed to meet the ever-increasing demands. The situation in mental hospitals and sanatoria is a serious one.

Reports from the Department of Defence give the number of nurses now enlisted as approximately two thousand. It is stated that nine and one-half per cent of these nurses have had at least one year of post-graduate work at a University. The number with special clinical experience are not included as it was not possible to obtain accurate figures regarding these.

Information concerning salaries and hours of duty show a hopeful trend, especially the upward curve of the former, although there are still some dark spots. Those who are needing the services of nurses should realize that neither salaries nor hours of duty for nurses yet compare very favourably with the similar opportunities offered to workers in other fields. Returns received show that thirty per cent of general staff nurses in mental hospitals and thirty-one per cent in sanatoria receive a salary of less than $850. per annum, while forty per cent of general staff nurses in general hospitals fall within this salary range. Salaries for staff nurses in voluntary public health organizations range from $2,130 to $1,200 per annum and from $2,000 to as low as $800 in official organizations. In comparing these figures it is realized that the public health nurse has to provide for her own maintenance.

A comparison of hours of duty shows a less favourable picture in sanatoria and mental hospitals. In them, approximately forty per cent of the general staff fall within the lowest range, or recognized eight-hour day and six-day week, while fifty per cent of the staff nurses within general hospitals are stated to be on this schedule. The range of hours of duty for nurses in the public health field is from seventy to ninety-six hours per fortnight. Time required for transportation is not included in these figures. Student nurses' hours ranged from ninety-six to one hundred and forty per fortnight. In some cases classes are included in hours of duty, but in others it seemed evident that these were taken in the students' time off.

Those who are actively engaged in a recruitment campaign realize that long hours of duty and unfavourable conditions of learning are still too frequently associated with nursing in the mind of the lay person. In spite of this fact an increased enrolment of over

fourteen hundred students has taken place in schools of nursing since 1939. Yet authorities in many hospitals state that more applicants could be taken care of, if they were available. The information that accompanied a number of such statements seemed to indicate that too frequently estimated needs were based on the immediate demands for nursing service in the hospital, rather than on the facilities available and opportunities offered in the school.

In answer to the enquiry: "Do you need more student nurses?" 66.6 per cent of schools connected with hospitals under one hundred beds answered: "Yes", while only 44.7 per cent of schools connected with hospitals of one hundreds beds or over answered this question in the affirmative. In "A Proposed Curriculum for Schools of Nursing" an average of one hundred patients is suggested as the *minimum* for a general hospital conducting a school.

An encouraging feature of the Survey is the increased enrolment of graduate nurses taking post-graduate courses of at least one year's duration. These number 285 or an increase of 35.43 per cent over the registration in 1939. Of these, 56.8 per cent are taking courses in public health, 32.9 per cent in teaching and supervision in hospitals or schools of nursing, and 6.6 per cent in hospital administration, while 3.5 per cent are taking other courses.

All the information gleaned from even a quick analysis of the incomplete returns was not included in the interim report. In this report it was not revealed that in replies received from hospitals, institutions and registries, "Unwillingness to work in rural areas" ranks very high in the reasons given for shortages of nurses. Before accepting this statement, it is felt that further study is in order. Then, too, discrimination on the part of a number of registries against married nurses was not discussed in the report. However, it is obvious that this "evil" still exists. It is the subject of very caustic comments on the part of those dealing with labour exit permits and other appeals that reach the authorities in Ottawa in goodly numbers. It is apparent that such restrictions in the present crisis are regarded as unjustifiable. They are drawing criticism upon the profession.

In the interim report submitted to the Canadian Medical Procurement and Assignment Board attention was drawn to the significant efforts being made at the instigation of the chairman of the General Nursing Section, Canadian Nurses Association, to overcome shortages and to make adjustments that will assist in the stabilization of nursing service. Mention was made of professional registries and of the very definite movement efforts that are evolving to reorganize these to function as Community Nursing Service Bureaux. But today and now there is a crying need for nurses in rural areas; there is a need for nurses in sanatoria and mental hospitals. In spite of May snow-storms we know that vacations are almost due, when problems for all administrators are going to be increased. What are we, as members of the nursing profession, going to do about them?

KATHLEEN W. ELLIS
Emergency Nursing Adviser
Canadian Nurses Association

Would a Bursary Help You?

The Federal Government has made a grant of $40,000 to be used as bursaries for nurses who wish to take post-graduate courses in Canadian universities. If this grand opportunity appeals to you, turn to *Notes from the National Office* in this issue of the *Journal* and find out how to profit by it.

PUBLIC HEALTH NURSING

Contributed by the Public Health Section of the Canadian Nurses Association.

Industrial Social Service

RÉV. PÈRE EMILE BOUVIER, S. J.

Before the war, Canadian manufacturers often complained about discontent amongst the workers, and their deliberate slowing down on the job. Now that we are at war, relations are still more strained. The present demand for labour gives to the workers an independence which is manifest in the number of absentees from work, and in the instability of labour itself. For instance, in a plant which employs 13,000 workers, the superintendent records every Monday an average of 1,200 absentees. With the philosophy of class struggle, which underlies the propaganda of international unions, discontent is growing and occasions for friction multiply.

How can we smooth down this uneasiness, soften the shocks, and regain our equilibrium? Faced with the same difficulties, England has had recourse to industrial social service, which has become so popular in British industry that the Government, far from seeing in it a luxury service, is inserting it in its national programme as a service of primary importance in wartime. In Canada, certain enlightened industrialists are already using this service to bring employers and employees closer, and the Catholic Syndicate movement sees in it a very strong instrument of union.

Social service is a form of social activity which, by appropriate technical means, promotes the establishment and the normal operation of social frameworks necessary or useful to man. Its functions consist in placing or replacing individuals and their families in normal conditions of existence, in preventing social miseries and calamities and in organizing better social backgrounds, thus contributing to the restoration of social order. In this vast enterprise of restoration, how can the role of industrialists be ignored? If social service proposes as its objective the readjustment of man to his environment, is not the plant the first environment, after the home, where the personality of the worker can develop?

At the time of the guilds, the worker did not live isolated. The employer, owner of his industry, directed his affairs himself and worked side by side with his workers whom he usually treated with fatherly attention. Today, technical expansion and commercial competition have brought about large scale industry in which the personality of the employee has been ignored. Heads of industries no longer exercise the personal authority which was conferred previously by the personal ownership, or partly personal ownership, of the en-

terprise which they directed. They become, therefore, the managers of a collective enterprise, responsible to a board of directors preoccupied chiefly with returns and dividends.

On the other hand, the worker is asserting himself more and more. While the employer treats him on a business-like basis, he also thinks that he too can talk business. We have, therefore, discontent, uneasiness, grudges, and a sort of slow and soundless war that can break out at the slightest opportunity. This is the inevitable result of modern conditions in industry which take away the personality of the worker. Here, therefore, social welfare intervenes. It creates in the plant a link of friendship and mutual help, an atmosphere of human wellbeing. It aims to correct errors and injustices; it instills a family spirit and a spirit of fraternity which makes industrial life more agreeable and more happy. No employer will contest the genius of Henry Ford, and the latter once said without hesitation: "my job is not the construction of automobiles; the cars which come out of my plant are but by-products of my real business which is to make men" — a simple continuation of the idea of Leon Harmel, for whom the objective of *industry* was to produce under the best possible conditions, but for whom the objective of *industrialists* consisted in moral and humane achievement.

Leon Harmel (1829-1915) was a French manufacturer of textiles who is looked upon as the father of modern industrial social practice, and it is precisely by industrial social service that the head of an enterprise will be able to exercise true social action. First of all, from a hygienic point of view, social service gives particular attention to the health of the worker by watching closely conditions of lighting, heating and humidity in industrial plants. It also introduces a medical service, a dental service, and even an ophthalmic service. It provides for the organization of canteens, so that workers may get meals at their convenience. It occupies itself with the moral problems that are brought about by life in the plant such as the separation of men and women in the canteens and, if possible, at work and during transportation. In short, it taxes its ingenuity constantly to find improvements.

However, such social improvements would soon defeat their objective if they did not take into account the spirit of initiative of the workers themselves. By instinct, the worker will distrust anything that smacks of protective paternalism. If social reforms improve the plant he will easily imagine that the employer intends to make him work harder and to force him to increase his efficiency. Leon Harmel very well understood the psychology of the worker and that is why he introduced in his establishment at Val-des-Bois a system of dual authority. The superior authority was concerned with the moral and technical sphere; the secondary authority he delegated to the workers by facilitating organization by the workers themselves of social measures such as insurance, savings societies, and co-operatives. Evidently this reform supposes the existence of a select group of employees. Leon Harmel himself formed his council of foremen and substituted the formula of collaboration for the paternalistic formula.

Finally, social service exercises its action in the field of education of the worker and of the employer and in this way manifests its real social character. The different educational facilities at the disposal of industry are a library; the organization of leisure hours; the establishment of classes on religion; study clubs on labour movements and industrial relations. It is the duty of the welfare worker to carry on this huge programme. France, Belgium and Switzerland have given this worker a more

significant name—social superintendent of the plant! While the small employer can handle this task himself, the average employer, absorbed by the administration of his business, must count on the assistance of the social worker. In the same way that the technical structure of a plant requires engineers, mechanics and foremen, the social structure of a plant should have its male or female social superintendents carefully chosen and prepared by a highly specialized technical and social method of education. As an example, let us imagine what the work of a female social superintendent might be. She has her office in the plant; her door is always open. Sympathetic, pleasing and popular, she knows the worker, male or female. Employees who have suffered accidents report to her, she keeps medical files in order, she follows the progress of apprentices. Now and then, she readjusts a budget, later on she edits the plant newspaper. In another establishment, the social superintendent supervises the lockers, canteens and showers. If the family of a worker is in difficulty, the social superintendent brings her smile and her assistance. She encourages thrift and sees to the organization of savings clubs and keeps an eye on the organization of sports and amusements. If there is a rest room, a canteen or a nursery, a relief society, a co-operative society, a dramatic society or a class in housekeeping, the social superintendent animates, encourages and supports all these initiatives. Briefly, her job consists in spreading good humor in the plant. She inspires confidence and creates a family spirit. She smooths over difficulties and she becomes a judicious intermediary, competent and disinterested, between the management and the workers.

How can we explain the favourable reaction of industrialists to such a social service which, it is easy to see, requires a considerable outlay of funds? Social superintendents must be paid and the organization of the service is costly. The reason is that industrialists who once thought that it would be too expensive to create an atmosphere more human and more Christian, are beginning to understand the value, even financial, of this type of organization. By discovering disease amongst the employees, and continual observation of sanitation in the shops social service prevents considerable loss of time and, by creating in the plant an atmosphere of happiness, diminishes neurasthenia, fatigue and discontent. It also maintains a closer check on employment and on the most efficient use of personnel and can handle all sorts of proceedings that the workers might otherwise take with lawyers, physicians and government officers, all of which cause many absences and loss of time and money.

Industrial social service prevents waste. How many workers are neglectful in the use of raw materials, of tools, because they are absent-minded, troubled, or worried by some personal or family trouble? Many of them are working at monotonous operations and, as soon as they have been given a change of job, redouble their efforts, give more attention to efficiency, and watch more carefully over the equipment they use, simply because they find themselves in a changed atmosphere. Industrial social service ensures better efficiency in the plant by creating an atmosphere favourable to collaboration. The real spirit which should inspire industrial social service must come from a sentiment much deeper — the wish to humanize the plant. If a social and profoundly Christian spirit could prevail in the organization of this service we would not have to deplore the unfortunate consequences, moral and physical, which affect a large portion of our working population.

New Opportunities in the V.O.N.

These war years have made many demands on the nursing profession. It has been called upon as never before, at least in our lifetime, to take a part in the life of Canada. Nursing and not only wartime nursing is in the forefront of national service. There has been no lack of nurses for the army, navy and airforce. In reality, nurses have been and are queued up for these services and it is fully realized that these are our first concern but the people at home must be kept in good health and when they are ill they must be cared for. They are maintaining the home services, producing the food, the clothing, the ships, the planes and the munitions, the wherewithal to supply the front line. Their morale must be kept high — there must be no slackening in their effort. Besides, while we are fighting this war, we must think of the future, the world the children will have to live in and the children who will live in it.

To meet our obligations as nurses calls for clear thinking. This is not a time to rationalize. With the existing shortages in the supply of nurses, it is incumbent that each member of the nursing profession consider where she can best serve. We have to thank many who have done just that, the nurses who because they have special post-graduate preparation in public health nursing or in teaching and administration remain in the field for which they are fitted by their training and experience even though it may lack the glamour and appeal of more spectacular services.

During the war years, difficulty in filling vacancies has been a foremost problem to the Victorian Order. Post-graduate preparation in public health nursing is a requirement for permanent appointment to the Order and there are not nearly enough nurses with this preparation for the opportunities open to them. Many Victorian Order nurses who have retired during recent years to be married have returned as a war service and this has helped greatly. The Order has made concessions by appointing nurses without this preparation on a temporary basis and some of these nurses are interested in taking public health courses as soon as their financial resources permit.

The Victorian Order has always had a deep interest in nursing education and especially in the preparation of nurses for community nursing. At this time when there is the need for many more nurses to take public health courses, the Victorian Order of Nurses for Canada is re-establishing the granting of Victorian Order scholarships and amounts of $400 will be available to assist nurses to take this post-graduate study. Those who have had two months' experience in Victorian Order nursing will be given the preference. Further information may be obtained by writing to the National Office of the Order in Ottawa. Victorian Order scholarships were first established in 1921 and continued until 1933. During these years, 156 awards were made. While, in the intervening years, the granting of scholarships lapsed, financial assistance toward post-graduate study was continued and over $12,000 was expended for this purpose.

A two-month period of orientation in Victorian Order work is given at intervals during the year when there are sufficient applicants to make up a class. These nurses are required to have provincial registration and the educational qualifications for university entrance.

There are now 99 branches of the Victorian Order and at almost any time there are interesting opportunities in various parts of Canada for well-prepared public health nurses at prevailing salaries. — M. H.

Contributed by the Hospital and School of Nursing Section of the C. N. A.

The Use of Vitalium in Bone Surgery

EILEEN FERGUSON

For many years surgeons had been dissatisfied with the metals offered by research workers and instrument houses for use in bone surgery. Several had experimented with different metals, but the results contradicted one another. All the pure metals were used and while one surgeon reported retarded growth of bone another, using the same metal, reported overgrowth. The need for scientifically conducted experiment was acute. In 1936 Dr. Venable and Dr. Struch, working in Texas, experimented with fifty dogs. They fractured the radius on one side and left the other radius intact. The same metal was introduced into the unbroken radius as was used to repair the fracture. The animals were examined macroscopically, micriscopically, and by x-ray. It was discovered that all the reactions of the metals and body tissue were based on electrolysis. The body fluid was acting as a battery and the opposite ions of the metals were attracting one another. The problem was to find an alloy that would be entirely inert in body fluid to the extent that there would be no electrolytic action. Vitalium is such an alloy.

Vitalium is composed of 90 per cent cobalt and chromium with a small amount of molybdenium. All these pure metals are strong, light and silvery in appearance, and keep these properties when combined to form Vitalium. On immersing the alloy in increasing strengths of sodium chloride and in mineral acids no chemical reaction was observed. Vitalium was absolutely inert and, because of its inertia, was introduced into bone surgery. Its lightness and strength made it very practical because equipment for this work must withstand strain and must not be bulky. Vitalium was made into plates for fractures and into cups for joints to give a smooth surface where disease had destroyed the smoothness of the articulating surfaces.

One of the first surgeons to report on the use of the new metal used it to plate all types of fractures — old fractures, new fractures, compound and simple. He reported 92 per cent solid union of bone, 3 per cent delayed union and 3 per cent non-union. The plates, on being removed, looked just as new as when they were inserted. There was no sign of discolouration, infection or erosion of tissue around the plate. It was decided that the removal of the plates was unnecessary. The surgeons in our hospital agreed to scrap all the old equipment for bone surgery in favour of equipment made with Vitalium. They have been using it for several years and have never regretted their decision.

As an example of one of the many

uses for Vitalium I should like to present the following case history. The patient was a healthy hardworking farmer until about three years ago when he noticed pain in his right hip joint after working. When he rested, the joint became stiff and he gradually found it harder and harder to get around. About a year ago, he noticed that the right leg was getting shorter and that he had very little movement left in the joint. He consulted a physician who diagnosed his case as arthritis of the right hip. He was finding it increasingly difficult to carry on the farm chores which were necessary to his work so he decided to sell his livestock, collect what little money he had, and come to Montreal for advice. One of our surgeons confirmed the diagnosis of arthritis and suggested an operation which would give the patient a new hip joint by using Vitalium. As the patient felt (to quote his own words) "he was no good to himself or anybody else in his condition" he consented to the operation. He was found to have the right leg one inch shorter than the left, limited movement in the right hip, no localized tenderness but pain in the hip radiating down the right leg. There was crepitus in the joint on movement. The x-ray examination showed a grossly distorted head of the femur and no cartilage present at all.

The operation consisted in exposing the hip joint, refashioning the head of the femur and applying a Vitalium cup to form a smooth surface where the cartilage had been destroyed. The incision was eight inches long and healed by first intention. The leg was put in a Thomas splint and adhesive extension was applied in the hope of lengthening the leg. After three weeks the extension was removed and the patient was allowed to exercise his knee and hip joint. A series of massage and heat treatments were given and four weeks after the operation the patient was allowed to walk on crutches. His right leg was still half an inch shorter than the left so the heel of his boot was raised, enabling him to walk more evenly.

Before leaving the hospital he could walk without crutches and, when he got any attention, would dance a jig. Although immediate recovery from the operation is rapid, it has been found that complete recovery cannot be expected before six months. There were days when the patient experienced his old pain and felt depressed but the doctors encouraged him and he went home in good spirits.

R.N.A.N.S. Annual Meeting

The thirty-fourth annual meeting of the Registered Nurses Association of Nova Scotia will be held on June 10 and 11, 1943, at the Parish Hall, Bridgewater. The president, Miss Marjorie Jenkins, will preside. Due to war conditions and the pressure of business the usual social activities are being omitted this year. It has been decided, however, that some relaxation should be provided and it is to take the form of an informal outing at Malega Lake, one of the beauty spots of Lunenburg County.

Keeping Within our Ration

In order to keep within the quota of paper allowed us under the ration imposed by the Wartime Prices and Trade Board the Official Directory will be omitted in the July and August issues. For these two months the Journal will be a bit thinner than usual but will offer plenty of interesting articles. In the autumn we shall come out in a blaze of glory, bigger and better than ever.

Notes From the National Office

Contributed by JEAN S. WILSON,
Executive Secretary, The Canadian Nurses Association

Bursaries

On May 18 the Canadian Nurses Association was advised by the federal authorities that the sum of $40,000 is available for bursaries to provide financial assistance to promising young nurses who wish to qualify as teachers, supervisors and administrators in schools of nursing and public health nursing.

Application forms are to be obtained now from the office of each provincial association of registered nurses by those who wish to apply and who are planning to enrol for a university course 1943-44. Each application must be endorsed by a provincial association of registered nurses. The final date on which applications can be received in the provincial offices is June 30, 1943.

Applicants are reminded of the necessity of determining their eligibility in the university of their choice before making application for bursaries.

An announcement on bursaries for post-graduate clinical courses in hospitals will be made in the next issue of the *Journal*.

The Canadian Nurses Association awaits a reply to the request for the total amount of the grant for 1943-44.

Report on Health Insurance

The Publicity and Health Division of the Department of Pensions and National Health has advised the Canadian Nurses Association that orders may now be placed with the King's Printer, Ottawa, for copies of the Report of the Advisory Committee on Health Insurance. Price $1.50 a copy.

Approved Schools of Nursing

The annual revision of the list of Approved Schools of Nursing in Canada was made recently with the help of the registrar of each province.

There are 175 approved schools in Canada. Two of these are University Schools of Nursing (Toronto and Saskatchewan); 159 are conducted by general hospitals and the remainder by special hospitals with affiliations to provide the required basic general training; these special institutions consist of eleven mental and three children's hospitals.

The number of schools in each province is: Alberta 11; British Columbia 7; Manitoba 16; New Brunswick 12; Nova Scotia 15; Ontario 66; Prince Edward Island 3; Quebec 34; Saskatchewan 11.

Post-graduate Courses

These *Notes* for May announced available post-graduate courses in clinical nursing, from information received from several of the provincial registered nurses associations. Recently, a statement on similar courses in the Province of British Columbia reached National Office: Psychiatric nursing, length of course, six months, Provincial Mental Hospital, Essondale. Operating room technique, three months; and obstetrical nursing, four months,

Province	*Provincial Membership*	*National Registration*
Alberta	1600	3369
British Columbia	2860	5744
Manitoba	1686	2033
New Brunswick	754	1948
Nova Scotia	1166	
Prince Edward Island	109	3364
Ontario	5356	23497
Quebec	4370	7758
Saskatchewan	1236	2736
Total	19,137	50,449

Vancouver General Hospital, Vancouver. Operating room technique, six months; and obstetrical nursing, four months, St. Paul's Hospital, Vancouver.

Registration of Nurses

Information received late in April from the office of National Selective Service of the Department of Labour gives opportunity for the Canadian Nurses Association to compare returns from the national registration of graduate nurses carried out on March 17-19, 1943, by National Selective Service, with the number of nurses in each provincial association of registered nurses.

As registration by National Selective Service included all graduate nurses, under the age of 66 years, a comparison of the above tabulation should prove interesting to members of the C. N. A.

M.A.R.N. Annual Meeting

"Nursing for Victory" was the challenging theme of the recent twenty-ninth annual convention of the M.A.R.N. held in Winnipeg on April 16 and 17, 1943. The report of the executive secretary and registrar outlined the expanding activities of the Association office and also reported briefly on the conference on Selective Service which she had attended as our representative. The president reported on the distribution of federal funds in Manitoba and on the recruitment programme being carried on with the help of these funds. Publicity has been obtained by means of radio, talks to high school students, and other groups throughout the province. Post-graduate clinical courses have also been made possible by federal assistance and are being conducted by Miss Hazel Keeler, travelling instructor in Manitoba. A four-months course in obstetrics and one in surgery are now being conducted and 15 prepared head nurses or supervisors will soon be ready for service. The travelling instructor (an appointment made possible by the federal grant) reported that her work will take her to schools of nursing throughout the province where she will assist inexperienced head nurses and instructors with classroom and clinical teaching and supervision.

Miss Gertrude Hall, convener of a committee appointed to study ways and means of conserving nursing service during the present emergency, reported that representatives of the Manitoba and Winnipeg Medical Associations and hospital administrators are members of this committee and that 17 suggestions have been accepted whol-

ly or in part by the groups represented. At a well attended luncheon meeting, held under the auspices of the Public Health Section, we were most fortunate in hearing an address, entitled "Looking to Tomorrow", by Mrs. John Bird. In her presidential address, Mrs. A. C. McFetridge spoke of the responsibility of the public for nursing education and of the need for a centre such as the University for this purpose. A survey of hospitals in Manitoba is being conducted by the Welfare Supervision Board for the Manitoba Government and a report of findings regarding schools of nursing as well as recommendations resulting from these findings will be included in the final report to the Government.

A most interesting report was presented by the school of nursing adviser, Miss Gertrude M. Hall. The problems given special consideration include the integration of the sciences with nursing and health in order to relieve the curriculum load; the need for adequate staff if student nurses are to be taught to give quality nursing care; and the frequent turnover in staff personnel. Emphasis has been placed upon the importance of a planned rotation of students through the various clinical experiences and supervisors and head nurses have been encouraged to use the clinical material available in each service. The school of nursing adviser recently assisted in the planning and implementing of a four-years course for students entering the School of Nursing of the Brandon Mental Hospital which will prepare them for registration. Two years will be spent at the Brandon Mental Hospital, two years at the Winnipeg General Hospital, the student to return to Brandon for graduation when a double diploma for mental and general nursing will be awarded. Our adviser also told us of the request by the chairman of the Manitoba Hospital Commission that a sampling of schools of nursing be surveyed and studied according to the accreditation plan.

A most enlightening report of the work of the Winnipeg Detachment, Nursing Auxiliary Section, Canadian Red Cross Corps, was given by the Commandant, Mrs. M. Noble, and several volunteers gave enthusiastic accounts of their varied duties. Miss Ina Broadfoot, who is in charge of the home nursing section of the Emergency Nursing Reserve, spoke of the gratifying response to classes which are being conducted throughout the province. A stimulating jury panel was conducted by the travelling instructor, Miss Keeler, supported by Miss M. Street and Miss G. Spice, science instructors; Miss H. Lusted, a public health nurse; Mrs. A. Savage, a married nurse who is not practising her profession at the present time; and Miss I. Black, a health instructor. "Will the Nurse of Today meet the Needs of Tomorrow" was the main topic and provoked a lively discussion.

The second day of our convention was reserved as Canadian Nurse Journal day and was made vital and meaningful by the presence of the editor and business manager who told us of the steady growth of our *Journal* and of the unfortunate necessity of curtailing this growth because of the rationing of paper. At a luncheon meeting of the *Journal* Committee, together with the representatives of the Graduate Nurses Association, the Board of the M.A.R.N., and student representatives from each hospital in the province, Miss Johns outlined the steps being taken to maintain standards despite rationing.

Miss E. Wilson read the report of the provincial Committee on Health Insurance and Nursing Service which was heard with interest. Dr. F. W. Jackson, Deputy Minister of Health, outlined plans being formulated for such a scheme and, Dr. J. P. Howden, M.P., a member of the special committee appointed to study Social Security, gave a resumé of plans which have been formulated in Canada and elsewhere for the purpose of achieving social security. The new type of pressure treatment for burns was the subject of a talk by Dr. A. C. Abbott, followed by a symposium ably conducted by Mrs. C. Smith and Miss H. Hardy and Miss E. Schumaker of the nursing care for such cases.

The climax of a very successful convention was reached at the banquet at which 150 nurses were present. The program included delightful musical selections by Mrs. Olga Irwin, while Miss K. Parker, Miss S. Turner and Mr. A. T. Hoole, members of the Poetry Society, gave a group of readings from Shakespeare. The members will not soon forget the inspiring address of Miss Ethel Johns, who spoke of challenging

fields which will be open to nurses in the future.

Exhibits of varied educational projects undertaken by student nurses from several hospitals showed how vital teaching in schools of nursing has become. In addition to the commercial exhibits, outstanding displays were sponsored by the Department of Health and Public Welfare, the Cancer Institute, as well as the publicity material for the recruitment programme.

MARION BOTSFORD

Assistant Executive Secretary.

R.N.A.O. Annual Meeting

The eighteenth annual meeting of the Registered Nurses Association of Ontario was held on April 28, 29, 30, 1943, in Toronto. The registration was 497, including 51 student nurses as representatives from training schools in various parts of the Province. The president, Miss Mildred I. Walker, opened the meeting and a welcome was presented by Controller Saunders, and by the chairman of District 5. The speaker at the banquet, held on the first evening, was Dr. J. Harold Couch, M.A., F.R.C.S., Department of Surgery, University of Toronto. Dr. Couch gave an inspiring address entitled "Poetry — the Pulse of the People" and his topic held the undivided attention of the 467 nurses and guests present, and who at the close expressed their appreciation.

On Thursday morning the Sections held their business meetings, followed by a general meeting, at which Miss Edna L. Moore, chief public health nurse, Ontario Department of Health, gave an address on present day problems in public health nursing, and Miss Edith Young, superintendent of nurses, Nicholls Hospital, Peterborough, told how the present day difficulties are being met in hospitals and schools of nursing. In the afternoon, the reports of the Emergency Nursing Adviser in Ontario, the Registry Adviser, and the committee in connection with this work, as well as the Committee on Health Insurance, were presented. Following these, a round table on the reports was conducted under the caption "Information, Please". The participants included Misses E. Johns, E. L. Moore, M. Millman, M. Buck, M. Baker and M. E. Fitzgerald. In the evening the speaker at the well attended open meeting was W. E. Blatz, M.A., M.B., Ph.D., Director, Institute of Child Study, University of Toronto. Many of the delegates had not previously had an opportunity of hearing Dr. Blatz, and this interesting address was appreciated by them, as well as by those who had heard him on previous occasions.

On Wednesday afternoon, and at the sessions on Friday, the reports of the standing and special committees were presented. The Membership Committee reported that the membership on April 15 was 5,430 — slightly higher than the total on December 31, 1942. In view of the fact that the potential membership was much higher, the Board of Directors recommended that the Membership Committee be urged to organize a vigorous campaign for increased membership this year. The report of the Permanent Education Fund showed that 36 loans amounting to $7,475 had been granted during the past five years, and that 18 of these had been repaid in full. The convener of the aid to British Nurses Relief Fund reported that the total amount contributed by the nurses in Ontario to this Fund was $27,-920.83. As there is a considerable amount on deposit in the British Nurses Relief Fund, the Canadian Nurses Association recommends that there be a temporary discontinuance of an active appeal for funds until the general meeting of the Canadian Nurses Association in 1944. This recommendation was adopted by the general meeting.

The convener of the Committee for the Emergency Nursing Adviser reported the progress made by the publicity committee for the recruitment of well qualified students. It was also recommended "that Ontario continue to retain the services of a nurse adviser, and, if possible, that this person be on full time". The Emergency Nursing Adviser presented a comprehensive report on the work. The Committee on Registries reported that two demonstration courses for the training of prac-

tical nurses had been conducted during the past year, and that a third one was to commence in May. It was recommended that the services of the Registry Adviser be retained, and that provision be made for a continuance of not less than three demonstration courses in this coming year. The Registry Adviser stated that there are now 13 organized registries and another to commence to function shortly. This report clearly outlined the results to date, and will be mimeographed and sent out to the Districts for their information.

The convener of the Committee on Health Insurance stated that the Committee was actively engaged in the consideration of the many points in connection with this question. Among the other reports presented was one from the Council of Nurse Education and the Canadian Nurse Circulation Committee, following which the delegates were delighted to hear from the editor and business manager. Miss Johns had an opportunity to meet with district representatives at a luncheon meeting.

On Friday morning we were very pleased to have with us, Dr. George Weir, Acting Director of Training, Rehabilitation Programme of Canada, who addressed the delegates. The opportunity of having Dr. Weir attend our meeting was greatly appreciated.

Through the combined efforts of the Sections, an exhibit was prepared under the direction of Miss Muriel Winter; the actual work was carried out by student nurses from Toronto hospitals. The central theme of the exhibit was that, here on the home front, we continue in our varying capacities, to serve the family — the core of our national life. In a leaflet, prepared for distribution, it was suggested that these services may be strengthened, and new ideals attained, if all registered nurses were enthusiastic active members of their professional organizations. Eight commercial firms again added their support and co-operation in having interesting exhibits. A demonstration put on by students for students was a new project this year, and an account of this will appear later in the *Journal*.

MATILDA E. FITZGERALD
Secretary-Treasurer.

Battles with Bicycles

NURSING SISTER DOROTHY M. DENT

They're off—more often than on! Yet some Nursing Sisters have been endowed with sufficient equilibrium to ride these two-wheeled vehicles. Properly managed, one rides in a lady-like manner rather than that of a drunken sailor. I recall one Nursing Sister who struggled for two years to master the art. She still needs the assistance of a starter and a stopper and I have thought of suggesting that she should try to look a bit more proficient—do away with a starter, and build herself a platform. The bicycle in question was purchased over two years ago, prior to the Battle of Britain. At that time grim determination was at its zenith and so she dug her teeth into the task of mastering this treacherous velocipede. On meeting this young lady, one naturally (with self protective instinct) stepped off the road out of harm's way, as the mere friendly salutation of "hello" was sufficient to have her head straight in your direction—obviously with no malice aforethought. One day she was out taking her daily lesson when the siren sounded. The first bomb dropped and, although not close, was sufficient to paralyse her to the extent that the bicycle stuck to her rather than she to the bicycle. A good thing it was too, for she had places to go. Her pedalling appendages were now mere sticks and she silently prayed that the wheels would continue to turn and take her in the right direction. Alas! it was not to be so. With a sudden attack of duck bumps and a palsied twist of the handle-bars she was catapulted into the nearest thorny bush—still ten yards from her air raid shelter.

Another young lady, while out cycling with a friend along the banks of the Thames, awoke to the fact that the highways and byways were not sufficiently wide and found herself struggling in the river. Her friend, in amazement, stood and gazed at the sudden turn of events. The sad part of the episode

was that, true to rules and regulations, the unfortunate was carrying her respirator which quickly sank to the bottom. The friend remarked with real presence of mind, "You had better dive in after it. It's easier to get it from the Thames than from the Quartermaster". A truer statement was never made.

These trials and tribulations in regard to cycling are not suffered by Nursing Sisters only! I can recall a certain Matron who, on privilege leave, decided to master the art. After practice she apparently discovered her forte to be coasting at which she became quite adept. But, when endeavouring to make her legs go in such a way as would really take her places, trouble began. And trouble it must have been, for she returned to her unit much the worse for wear.

My advice to these unfortunates is to keep trying and not to worry unnecessarily. Someone has predicted a thirty years war and, by that time, the bicycle will be just a memory—the wheel-chair a necessity.

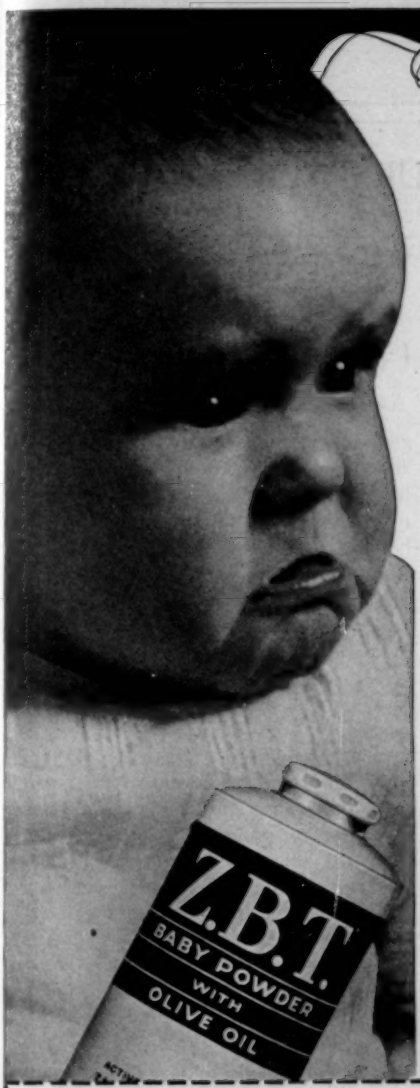
A New Venture

After two years of study and investigation, a demonstration course in practical nursing was started in Toronto, by the Central Registry of Graduate Nurses. Through the kindness of the Separate School Board, a classroom was loaned to us in St. Patrick's School and the first three months of the course were spent there, under the tuition of Miss Margaret Kerr, a graduate of St. Joseph's Hospital, London, who had conducted a similar course in that city. The class consisted of sixteen students, five of whom were sent by Hamilton Central Registry to take their tuition period in Toronto, returning to Hamilton for their practical work. They ranged in age from 23 to 50 and so offered valuable material for a observation as to adaptability. All students underwent a thorough physical examination given by doctors chosen by the Registry.

Their studies covered such subjects as simple nursing procedures and treatments, elementary anatomy, first aid, hygiene, ethics, care of infants and small children, administration of oral medicines, etc. They were not taught to administer hypodermics or do catheterizations. They attended classes at the Central Technical School, where they were taught cooking, housekeeping, budgeting, marketing, preparing and serving meals for well children. The practical part of the course consisted of one month each at Our Lady of Mercy Hospital, and the Hospital for Convalescent Children, and three weeks with the Victorian Order of Nurses in specially chosen homes, under the direction of experienced supervisors. It is too soon to tell how successful this new venture will be, but so far the practical nurses have proved successful, and the Registry has had many more calls for them than can possibly be filled.

Obituaries

Etta Sanford died on April 17, 1943. Miss Sanford was a graduate of the School of Nursing of the Winnipeg General Hospital and a member of the Class of 1901. For several years she rendered efficient service as night superintendent in her own Hospital, and will be affectionately remembered by successive generations of student nurses who benefited by her strict but inspiring supervision. Etta Sanford possessed a quality of intuition that made her immediately aware of any change in a patient's condition and, to her, nursing was always an art as well as a science. During the closing years of her professional career, Miss Sanford was engaged in the public health field and greatly enjoyed her work as a school nurse. Even after her retirement, she continued to take an active interest in nursing organizations. In her death, we have lost a good woman and an outstanding nurse who served with unfailing devotion.



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STUDENT NURSES PAGE

A Nursing Study of Paget's Disease

Paget's disease, osteitis deformans, is a rare disease which was first described by Sir James Paget in 1872. It is a chronic inflammatory condition of unknown origin causing enlargement and deformity of the bones affected. It may affect the skull, the clavicles, the bones of the thorax and the long bones. Although the cause is not definitely known, there is some evidence of inheritance and certain authorities state the incidence of heredity to be 30 per cent. Suggested as possible causative factors are syphilis, cancer, defects of internal secretion, impairment of parathyroid function, vitamin deficiency. From the treatment outlined, the last three would seem to be the most plausible.

The onset of the disease is insidious and usually occurs after forty. Rheumatic pain in the legs is generally the first evidence but an enlarged cranium with the face assuming a characteristic triangular aspect is the first differentiating symptom. Due to the kyphosis of the spine there is a reduction in height of the afflicted person and a marked bowing of the limbs is present. There is an elevation of temperature but beyond the discomfort, caused by the pain and deformity, the general health is usually little affected. The disease is rarely if ever fatal. It is generally accompanied by arteriosclerosis and frequently by chronic and infectious lung conditions such as bronchitis and tuberculosis. Retinal vascular lesions have been observed in some cases.

Mrs. X was admitted to the Ontario Hospital in Kingston from a general hospital under certification by two physicians. She was 72 years of age on admission and was born in England. While no details are known about her birth, it is presumed to have been a normal delivery. She was one of six children and, while still comparatively young, she and her three sisters began work as weavers in a factory some five miles away from their home, walking to and from work every day. The work was tiresome and the hours extremely long, from six in the morning to 5.30 in the afternoon. The only illness recorded during her childhood was scarlet fever which left her hearing greatly impaired and, at the time of her admission, she was quite deaf. Mrs. X married late in life and had no children. After her marriage, she settled in Canada where she has spent some thirty years. Her husband died suddenly in his sleep which was a distressing shock to her.

There was no history of Paget's disease or of mental illness in the preceding generations but Mrs. X's three sisters

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The successful student will receive the Degree and also either (a) a certificate in Hospital Supervision; or (b) a certificate in Public Health Nursing.

B. A Diploma course (39 months in length).

This gives a Diploma in Hospital Nursing and also a Diploma in Public Health Nursing.

C. A shortened Diploma course (30 months in length), for students who already hold a degree from a recognized university. In this case the Diploma in Public Health Nursing would not be included, but graduates of this shorter course could return at a later date and complete the requirement in Public Health Nursing in a short period of time. *Note*: In all of the above courses complete preparation is given for the Nurse Registration examinations.

D. Certificate courses (one year in length) for graduate nurses:

1. Public Health Nursing
2. Clinical Supervision
3. Teaching in Schools of Nursing
4. Hospital Administration
5. Special Studies for advanced students

As war conditions make it impossible for some nurses to absent themselves from the service field for a full year of study, attention is drawn to the fact that the work of the Certificate courses listed as 1, 2 and 3 is so arranged that one term's work (4 months) may be done in one year, and the second term (4 months) in a later year. In this case the candidate must take the first section of the work in the autumn term, and the second section in the spring term.

For further information address:

The Secretary
School of Nursing
University of Toronto

are also afflicted, although as yet they have not had to be hospitalized. The disease set in sometime prior to her admission to a general hospital in 1933 and became progressively worse with signs of senility also appearing. After about five years, it was thought wise to transfer her to a mental hospital because of gradual mental deterioration such as loss of memory. She displayed the following typical symptoms of Paget's disease: a very much enlarged cranium, bowed limbs, inability to stand, marked arteriosclerosis. There was no evidence of tuberculosis but x-ray displayed signs of an old pleurisy. Her expression is rather blank and she is quiet except for occasional outbursts of song. She is co-operative but it is extremely difficult to make her hear. Her one subjective symptom is the complaint of backache. She suffers from no marked delusions or hallucinations but is somewhat disoriented.

Due to general asthenia, Mrs. X must remain in bed all the time but she is very little trouble. Frequent change of position alleviates and practically eliminates backache. Great care must be taken in moving her because, when this disease is well developed, fractures may be spontaneous or follow slight trauma. A gatch frame contributes greatly to her comfort. With the aid of this mechanism, and the support of pillows, she is able to manage her tray although formerly she had to be spoon-fed due to the bowing of the long bones of the arms. In habits of elimination she is most co-operative and is only incontinent occasionally when suffering from some other ailment such as bronchial congestion. When such infections are present she has a considerable elevation of temperature and requires good nursing care to prevent further complications.

In giving nursing care to this patient I have learned a great deal about a rare

disease. I have been greatly impressed by her co-operation, even though her disease is incurable, when her nurses take sufficient time to explain nursing procedures and treatments. I also discovered the value of the gatch frame especially in placing the patient in a comfortable position to do occupational therapy, to feed herself, and to relieve difficult breathing and backache.

ALMA MCKERRAL
Student Nurse
School of Nursing of the Ontario Hospital, Kingston

Victorian Order of Nurses

The following are the staff appointments to, transfers, and resignations from the Victorian Order of Nurses for Canada:

Olive Pilon, a graduate of the University of Ottawa School of Nursing, has been appointed temporarily as second nurse to the Pembroke Branch.

Laura Graham, a graduate of St. Martha's School of Nursing, Antigonish, N. S., has been appointed temporarily to the Montreal staff.

Phyllis Hill, a graduate of the Toronto General Hospital, has been appointed temporarily to the East York staff.

Caroline McDougall, a graduate of Hamilton Memorial Hospital, North Sydney, N. S., has been appointed temporarily to the Sydney staff.

Edna Barron, a graduate of the Nova Scotia Hospital, Halifax, has been appointed temporarily to the Halifax staff.

Mary Merritt, a graduate of Saint John General Hospital, N. B., is relieving as nurse-in-charge of the Digby Branch.

Eleanor Fendley has been transferred from the Sydney staff to the Ottawa staff.

Viola Leadlay has resigned as nurse-in-charge of the Edmonton Branch and is on leave of absence from the Victorian Order of Nurses for Canada.

Mrs. Daisy Bell has resigned from the staff in Montreal to take up other work.

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MONTREAL

Courses for Graduate Nurses

(1) A three-months course is offered in Obstetrical Nursing. (2) A two-months course is offered in Gynecological Nursing. For further information apply to Miss Caroline Barrett, R.N., Supervisor, Women's Pavilion, Royal Victoria Hospital.

(3) A course in operating room technique and management is offered to nurses with graduate experience in operating room work. (4) Courses are also offered in medical nursing; surgical nursing; nursing in diseases of the eye, ear, nose and throat; nursing in urology. For further information apply to Miss F. Munroe, R.N., Superintendent of Nurses, Royal Victoria Hospital.

NEWS NOTES

ALBERTA

LETHBRIDGE:

The following officers have recently been elected by Lethbridge District, No. 8, A.A.-R.N. to serve during the coming year: president, Anna Weeks; first vice-president, Agnes Short; second vice-president, Nora Trenholm; secretary, Gertrude Gow; treasurer, Mary Taylor. Lillian Parry and Ruth Hooper have recently joined the Nursing Service, R.C.A.M.C. Sister Peters has been promoted to First-Lieut. Alma Wagner has left the staff of Galt Hospital to take a post-graduate course at the Royal Victoria Hospital, Montreal.

CALGARY:

Isolated pockets of typhus fever are smouldering in Europe today, said Dr. E. P. Scarlett when addressing the Alumnae Association of the Calgary General Hospital. In Poland there is a widespread epidemic causing an average of 400 deaths a day. The German authorities de-louse their soldiers at the border and keep them in quarantine for ten days, again de-louse them and then issue new uniforms. As a result of these precautions there has been no spread of typhus into Germany. In the State of Montana a group of doctors recently discovered a serum which controls typhus in mice and guinea pigs. Clinics were set up in typhus infested European countries and this serum was administered to 2000 people and a group of 2000 persons was set up as a control. Before these clinics were able to gather data on these experiments these countries were invaded by Germany and the research workers had to leave before completing their task. However, it is interesting to note that the physicians in Montana had a cable from Germany congratulating them on their success and thanked them for the formula. During the last war there were no cases of typhus on the western front although the disease was epidemic on the eastern front. Many music lovers may be surprised to know that Schubert died at the age of thirty-one years from typhus. Dr. Scarlett read an interesting letter written by this great musician just before he died.

MANITOBA

BRANDON:

A large group of graduate nurses with representatives from Ninette and Nursing Sisters from the various Military Hospitals, affiliate students of the Brandon Hospital for Mental Diseases, and the 1943 graduating class of the Brandon General Hospital recently attended a special meeting to welcome Miss Ethel Johns, editor of *The Canadian Nurse*, and to be inspired by her

comprehensive and far-seeing point of view. Her challenge to the young nurses as to their part in reconstruction was moving. Mrs. Robert Darrach very fittingly thanked Miss Johns for her inspirational address.

During a short business meeting Mrs. E. Hannah reported on committee findings in regard to V. A. D. work in Winnipeg and a committee is considering the advisability of training V.A.D. workers in Brandon. Mrs. W. A. Bigelow voiced an appeal for a volunteer for a Missionary Hospital at the earliest date possible.

The Brandon Graduate Nurses Association recently held their annual banquet with 91 guests present. It was also the occasion of the Association's 25th Anniversary. Guests were received by Miss C. Macleod, Mrs. S. Perdue, Fl.-Lt. and Mrs. F. Ongley, and the 1943 graduating class of the Brandon General Hospital.

Mrs. Perdue welcomed the graduating class to the Association and then introduced Hon. Fl.-Lt. F. Ongley, padre of No. 2. Manning Depot, who gave a most inspiring address on "The World and Us" and challenged the graduating class, as professional people, to do their part in reconstruction.

At the business meeting, Miss C. Hutton gave a comprehensive report of the annual convention of the M.A.R.N. at which she and Miss E. Kemp were official delegates. Congratulations were received from Mrs. A. V. Miller, inaugurator of our Cook Book Fund, on the occasion of our 25th Anniversary.

The officers for the coming year are as follows: honourary president, Miss E. Birtles, O.B.E.; honourary vice-president, Mrs. W. Shillinglaw; president, Mrs. E. Hannah; vice-president, Mrs. H. Alexander; secretary, Miss M. Donnelly; treasurer, Mrs. J. Selbie; registrar, Miss C. Macleod; conveners: social, Miss K. Wilkes; war work, Mrs. S. Pierce; cook book fund and membership, Mrs. C. Cripps; visiting, Mrs. D. L. Johnson; Red Cross knitting, Mrs. A. Lewis; representatives to: community chest, Mrs. R. Unicume; press, Miss A. Bennett; *The Canadian Nurse*, Mrs. Robert Darrach.

Miss M. Gemmell, a charter member of the Association, presented Miss C. Macleod with an identification bracelet as a gift from the Association in recognition of her untiring services as registrar for the past 25 years and Miss B. Baillie, on behalf of the private duty section, presented Miss Macleod with a bouquet in appreciation of her services to them.

Mrs. Perdue, the retiring president, said it had been a pleasure to carry on her duties and wished Mrs. Hannah and the Association much success for the coming year. Mrs. D. L. Johnson presented Mrs. Perdue with a small token from the Association and a social hour followed.

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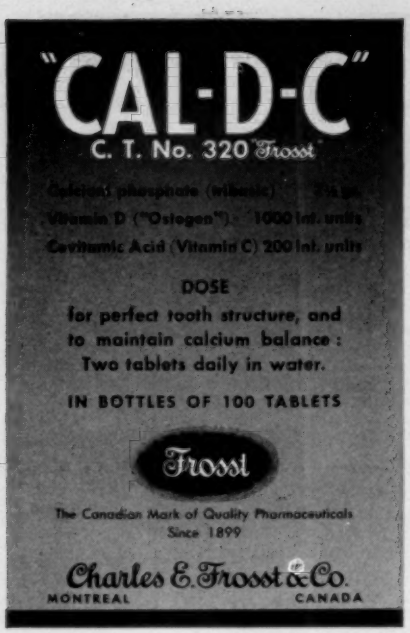

The following is the annual report of the Association: Our membership totals 67. A scholarship fund for post-graduate courses is proving a very successful project. The married ladies section's donations to war work totalled $68.83. The private duty section donated $100 to the Red Cross and $15 to war service work. The downtown group secured $105.32 for the British Nurses Relief Fund and $100 for the scholarship fund. The Mental Hospital group donated $21 to the scholarship fund. The General Hospital group donated $10 to the Russian Relief and $13 to the scholarship fund.

A total of 30 certificates were presented to members of the Red Cross classes, of which Mrs. E. Hannah was in charge. Mrs. S. Pierce, war work convener, reported the completion of 200 utility bags and donations to the Red Cross included many useful articles.

The Registry has been exceptionally busy all year and great credit is due to the married ladies for their capable aid.

A legislative committee, convened by Mrs. M. E. Burn, has had several meetings concerning the licensing of all those who nurse the sick for hire. Much more interest has been displayed in *The Canadian Nurse*, and we hope to improve our record still further.

Winnipeg General Hospital:

The W. G. H. Alumnae Association recently entertained in honour of Miss Ethel Johns, who spent several days in Winnipeg attending the annual meeting of the M.A.R.N.

Nursing Sisters Ruth Littlejohn, Agnes Frazer, Betty Bateman, and Yolanda Carr have been detailed for duty on the first Canadian Hospital ship recently launched. Miss M. Kerslake has resigned her position at the W.G.H. to enter the R.C.N.V.R.

NEW BRUNSWICK

MONCTON:

At a recent meeting of the Local Chapter, N.B.A.R.N., plans were made for nurses to volunteer in groups at the four selected first aid posts in the city. Letters were read on the Health Insurance Plan. Plans were also made to entertain the 1943 graduating class at a formal dinner when tickets for a $25 War Savings Certificate are to be raffled.

A telephone bridge was held recently when $93.50 was collected. The nurses in uniform paraded to Church on May 9 in memory of Florence Nightingale's birthday.

SAINT JOHN:

At a recent meeting of the Alumnae Association of the Saint John General Hospital plans were made for the nurses to attend a Vesper Service.

Misses Ivy Clark, Kathleen Shean, and Evelyn Hendry have recently joined the staff of the Lancaster Military Hospital.

Miss Jean Holt has recently joined the Nursing Service of the R.C.A.M.C. Miss Marjorie Clark, who has been on the operating room staff at the General Hospital, is taking a post-graduate course at the McGill School for Graduate Nurses.

NOVA SCOTIA

HALIFAX:

The Halifax Branch of the R.N.A.N.S. has been quite active in recent months. Dr. Cecil Kinley gave a most interesting lecture on the Kenny treatment of poliomyelitis and subsequently demonstrated Sister Kenny's methods at the Dartmouth clinic. We felt very proud that this treatment was originated by a nurse. At another meeting, Flight-Lieut. Morrow spoke of some aspects of aviation medicine. All meetings have been well attended under the very able presidency of Miss Lillian Grady.

ONTARIO

Editor's Note: District officers of the Registered Nurses Association may obtain information regarding the publication of news items by writing to the Provincial Convener of Publications, Miss Irene Weirs, Department of Public Health, City Hall, Fort William.

DISTRICTS 2 AND 3

A recent meeting of the Kitchener and Waterloo Chapter was held when the guest speakers were Miss Helen Scoble, a local graduate, and Miss Mary Mejiof, missionaries to Colombia, South America. The evening was most instructive and moving pictures were shown.

The industrial nurses held a meeting at the home of Dr. W. MacDonald, and a discussion on problems and techniques took place. It was suggested an industrial publication be subscribed to by this group thus forming a nucleus for a library.

DISTRICT 4

HAMILTON:

The Alumnae Association of St. Joseph's Hospital has elected the following officers to serve during the coming year: honourary president, Rev. Sr. M. St. Edward; honourary vice-president, Rev. Sr. Mary Grace; president, Miss Iva Loyst; vice-president, Miss M. Hayes; secretary, Miss M. Minnes; treasurer, Miss M. Swales; executive: Mrs. Muir, Misses V. Jennings, M. Pullano, N. Hinks, E. Quinn; representative to press and *The Canadian Nurse*, Miss L. Johnson.

Miss Ruth Dickenson has been appointed to the Nursing Service of the R.C.A.M.C.

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District 7

Miss Amy Church, chairman of Smiths Falls Chapter, reports that the nurses of the Public Hospital are filling one ditty bag per month for the Navy. A talk and demonstration on home nursing is given monthly to the C.G.I.T. girls, with an average attendance of 18 teen-age girls. The nurses at the G.W.M. Hospital, Perth, and nurse having 200 sweaters to her credit.

Mrs. Edith Walker, of Lanark, recently returned to her duties as superintendent of nurses at the G.W.M. Hospital, Perth, and Miss Nina Carson, who acted as superintendent of nurses in Mrs. Walker's absence, has been appointed assistant superintendent.

Miss Marjorie Gardiner, secretary-treasurer of the Brockville Chapter, gave a report at a recent meeting and an interesting quiz was conducted by Mrs. Gilpin. A request was made by the members to have the quarterly district meeting held in Brockville in order to revive interest in the Association.

The Kingston Chapter recently held a regular meeting when Dr. Crawford, medical superintendent of the Ontario Hospital, gave a talk on the development of the treatment of mental diseases since 1913.

District 10

The Thunder Bay Nurses Registry recently held its first annual meeting with 40 present. It reported a very successful year and a great deal of credit is due to Miss Madalene Baker, registry adviser, R.N.A.O., for her able direction. During the past year all calls have been filled from hospitals for general duty, private duty, and temporary and permanent staff positions, as well as calls for house cases and hourly duty cases, and calls for practical nurses.

Last December all active and inactive nurses were registered, and this registration was used as a basis for the refresher courses sponsored by McKellar General Hospital, Fort William, and a combined course by St. Joseph's General Hospital and the General Hospital in Port Arthur. These courses have been very successful, and we hope to have an auxiliary group of nurses from these groups to call on when necessary. Another nurse has been taken on the staff of the Fort William Isolation Hospital thus enabling this hospital to establish an 8-hour day. The Registry supplied relief for Red Cross Outposts during the year at Jellicoe, Nakina, and Kakabeka Falls. Three months holiday relief was supplied the Little Long Lac Hospital at Geraldton.

On the advice of Dr. Browne, M.O.H. in Fort William, 5 nurses have been trained in the Kenny Method under the direction of Miss W. McKinnon, matron of the Fort William Isolation Hospital. The Fort William doctors are satisfied with the service given by the registry, and we are now in a position to give the Port Arthur doctors the same service.

Since the adoption of the recommendations drawn up by the C.N.A. there have been 47 general duty placements.

QUEBEC

Montreal General Hospital:

Miss Moroni has resigned her position in the Jeffery Hale's Hospital, and has been appointed to the staff of the Central Division as director of health service. Miss A. Briard has resigned from the staff of the Arvida Hospital, P. Q. Miss A. Farquhar has been appointed as Nursing Sister

with the R.C.A.M.C. Miss Janet McDonald, of the R.C.A.F. Nursing Service, has returned from England and is enjoying a short leave. Miss Lillie Devere has been appointed to the staff of the new Canadian Hospital ship. Miss Bell has been appointed to the staff of the Central Division. Miss Hornibrook has been appointed to the night staff, Central Division, succeeding Miss Perkins.

Royal Victoria Hospital:

The graduating exercises of the School of Nursing were held recently when 63 nurses received their diplomas. Dr. J. R. Fraser was chairman and the report of the School of Nursing was given by Miss F. Munroe. Dr. George Stephens presented the diplomas and Lady Meredith the prizes. The Nellie Goodhue and Alexina Dussault prizes, for the highest aggregate marks in examinations, were won by Dorothy Devlin and Edith Green, B.A. respectively. The Garrow prizes and Dr. Tremble prize, for general proficiency, were won by Arline Croft, Katherine MacKay, B.A., and Marjorie Gilpin respectively.

The graduating class were guests of the Alumnae Association at an informal reception following the April meeting, and were received into membership in the Association.

Nursing Sister Elizabeth Manning has returned after a year in South Africa.

McGill School for Graduate Nurses:

Flora Moroni (P.H.N., 1933) has resigned from the teaching staff of the Jeffery Hale's Hospital, Quebec City, and is now health instructor in charge of the health service at the Montreal General Hospital.

BERMUDA

Miss Elsie Outerbridge has recently been appointed matron of the King Edward VII Memorial Hospital. Miss Outerbridge was born in Bermuda and received her early education in her native Islands. She is a graduate of the School of Nursing of the King Edward VII Memorial Hospital and a member of the class of 1930. This School is affiliated with the schools of nursing of the Royal Victoria Hospital, the Montreal General Hospital, the Children's Memorial Hospital, the Alexandra Hospital, and the Royal Victoria Montreal Maternity Hospital. Graduates of the King Edward VII Memorial Hospital are registered nurses in the Province of Quebec. Since her graduation Miss Outerbridge has served on the staff of the King Edward VII Memorial Hospital and at the time of her new appointment was assistant matron. Miss Outerbridge takes a keen interest in nursing organizations and for two years served as secretary of the Alumnae Association of her School of Nursing.

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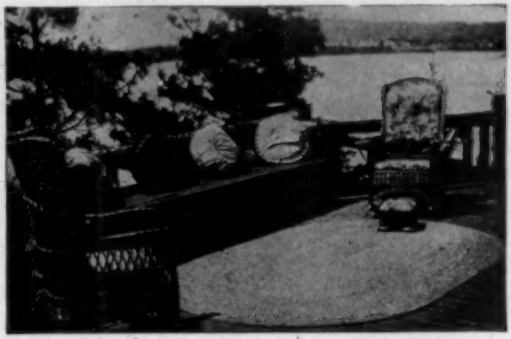

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Applications are invited for the position of **Classroom Instructor** in Nursing Principles and Practice in the School of Nursing of the **Hamilton General Hospital.** The School has an enrolment of 225 students and the Hospital a bed capacity of 800. Applications should be addressed to Miss C. E. Brewster,

Superintendent of Nurses, Hamilton General Hospital, Hamilton, Ont.

WANTED

Applications are invited for the position of **Instructress of Nurses.** Apply, stating experience and qualifications, to:

The Superintendent, Kenora General Hospital, Kenora, Ontario.

WANTED

Applications are invited from registered nurses for General Duty in a Tuberculosis Sanatorium of 360 beds. When writing please state previous experience, age, etc. The salary offered is $75 a month, with full maintenance.

Address applications to:

Miss M. L. Buchanan, Superintendent of Nurses, Royal Edward Laurentian Hospital (Ste. Agathe Division), Ste. Agathe des Monts, P.Q.

(Formerly — The Laurentian Sanatorium)

REGISTRAR AND EDUCATIONAL ADVISER

The **Registered Nurses Association of British Columbia** invites applications for the position of **Registrar and Educational Adviser to Schools of Nursing.**

Preference will be given to Registered Nurses with the following qualifications: an academic degree, preferably in Nursing; experience as a teacher in a School of Nursing; experience in School of Nursing administration. As the position is now vacant, applications should be submitted immediately, stating age, full particulars of training and experience, to:

Convener of Selections Committee
Registered Nurses Association of British Columbia
1012 Vancouver Block, Vancouver, B.C.

WANTED

Applications are invited for the position of **Operating Room Supervisor** in the **Moose Jaw General Hospital.** Apply, stating qualifications and experience, to:

Superintendent of Nurses, Moose Jaw General Hospital, Moose Jaw, Sask.

WANTED

Applications are invited for the position of **Superintendent** of the **Glace Bay General Hospital, Glace Bay, Nova Scotia,** an institution of 212 beds. When writing give qualifications and experience. All applications must be in by June 20, 1943, and addressed to:

Mr. T. J. MacLeod, Secretary of the Board of Directors.

WANTED

A **Night Supervisor** and a **Nursery Supervisor** are required for a **Maternity Hospital** in the **Maritimes.** Apply, stating qualifications, experience and salary desired, in care of:

Box 6, The Canadian Nurse, 1411 Crescent St.,Montreal, P. Q.

WANTED

The services of a **General Duty Nurse** are required for the **Isolation Hospital** in **Windsor, Ontario.** The salary is $82.50 per month, plus bonus and maintenance; an eight-hour day. Apply to:

The Superintendent, Isolation Hospital, Windsor, Ont.

WANTED

Graduate Registered Nurses are required for **General Duty** in the **Jewish General Hospital.** A Graduate Registered Nurse is also required for the position of **Night Supervisor.** Apply to:
Superintendent of Nurses, Jewish General Hospital, Montreal, P.Q.

. . . OFF . . . DUTY . . .

We have just returned from a journey that took us as far West as Brandon, Manitoba . . . It was good to get a breath of prairie air . . . and to see the purple crocus . . . warmly wrapped in its silky grey fur coat . . . pushing its way up through a melting snowdrift . . . Of course we didn't go out West just to look at flowers . . . although we saw a good many of them . . . including an orchid the like of which we shall probably never wear again . . . We were really on an editorial prowl to find out what is going on at the annual meetings of the Registered Nurses Associations in Manitoba and Ontario respectively . . . As usual, this turned out to be plenty . . . and we staggered home to Montreal . . . reeling under the impact of bright ideas and brilliant achievements . . . displayed in dazzling succession in Winnipeg and Toronto . . . Quite apart from all these professional values . . . we always find travel to be a broadening experience . . . and this particular journey was no exception . . . Indeed it afforded us the opportunity of seeing for the first time . . . (and we hope, the last) . . . a nurse in attendance at a professional meeting . . . who refreshed herself at intervals . . . from a bottle of what is known to the trade as a grand soft drink, and very good it is too . . . The young damsel did not even use a straw . . . she just lifted the bottle and took a swig at intervals . . . Neither did she trouble herself to wait for a pause in the proceedings on the platform . . . Like Betsey Prig she put the bottle to her lips as she felt disposed . . . After watching her for a few moments with fascinated attention . . . we proceeded to make sure that she really was a nurse . . . and not someone who had wandered into the meeting by mistake . . . Alas, there was no doubt about it . . . a registered nurse she was and presumably still is . . . unless our basilisk eye has since had the lethal effect we intended . . . We realize that our reaction to this minor episode is exaggerated and therefore unjustified . . . but we can't refrain from asking whether it isn't about time that the younger generation mended its manners . . . Its morals are perfectly sound . . . no one need worry on that score . . . but it does look as though a vigilance committee . . . composed exclusively of young and pretty nurses . . . (and there are lots of them to choose from) . . . might discourage certain innocent but unlovely practices that we have noted on our walks abroad . . . assiduously chewing gum during staff conferences, for instance . . . or calling each other by their Christian names while on duty . . . These are not grave offences . . . and yet they somehow let us all down . . . Even in this ugly and graceless age . . . surely there are a few amenities that professional nurses might try to conserve . . . As we gently emerge from these Victorian vapourings . . . we should like to emphasize the fact that wild horses couldn't drag us into telling you whether we saw this horrid spectacle in Winnipeg or in Toronto . . . The only clue we can give is that it wasn't where you think it was.

— E. J.

Official Directory

International Council of Nurses

Acting Executive Secretary, Miss Calista F. Banwarth, 310 Cedar Street, New Haven Connecticut, U.S.A.

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QUEBEC

Association of Registered Nurses of the Province of Quebec (Incorporated, 1920)

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Saskatchewan Registered Nurses Association (Incorporated 1917)

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Regina Registered Nurses Association

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Alumnae Associations

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A.A., Winnipeg General Hospital, Winnipeg

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A.A., St. Joseph's Hospital, Hamilton

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A.A., St. Luke's Hospital, Ottawa

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A.A., St. Joseph's Hospital, Port Arthur

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